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Maryland

State Disabilities Plan

2007

"Empowering individuals with disabilities to achieve their personal and professional goals in the communities where they live."

MARYLAND
DEPARTMENT OF DISABILITIES
Empowering People

Martin O'Malley, *Governor* ▲ Anthony G. Brown, *Lt. Governor*

Table of Contents

Section 1

The Maryland Department of Disabilities (MDOD) presents the 2007 State Disabilities Plan and pledges to work collaboratively with all units of State government to refine steps necessary to bring services to people with disabilities that are meaningful, accessible, and consistent with the principles of consumer empowerment.

- Executive Summary

Executive Summary

The Maryland Department of Disabilities, in partnership with Maryland's disability community, is actively unifying the disparate visions across State agencies to deliver services in the most integrated setting possible.

MISSION:

The mission of the Department is to empower individuals with disabilities to achieve their personal and professional goals in the communities where they live.

VISION:

The Department envisions Maryland as a state where people with disabilities are provided with the right supports, training and opportunities so that they may live independent, productive and full lives in the communities where they live, work, play, learn, and prosper.

The Maryland Department of Disabilities and the Maryland Commission on Disabilities reach deep into the stakeholder community on an on-going basis. Through formal and informal outreach and listening sessions, these two entities are constantly in dialogue with the people most affected by services provided by State government. It is this collaborative partnership that guides the development of the State Disabilities Plan and its annual revisions. Marylanders can view this blueprint for services at any time to see what's going on in Maryland's state departments regarding disability services on the Maryland Department of Disabilities website at www.mdod.maryland.gov.

The plan unifies planning efforts across government, highlighting current work, past accomplishments and future endeavors. It holds government accountable by measuring progress and it identifies barriers to greater achievement.

It is intended that other state departments' planning efforts are consistent and not divergent. The Maryland Department of Disabilities' policy and constituent services teams routinely interface with representatives from all branches of government to assure a focused approach that is in keeping with what people with disabilities say they want. Through this extensive dialogue and assessment, priorities emerge allowing the State to focus funding where it is most needed, where it is known what works, and where new ideas can be tried. During the last four years, funding for State disability programs was increased by over **$1 billion** – that's about 20 percent of the total increased funding for the entire State budget.

In this fashion, partnerships among people with disabilities, community advocates, and governmental representatives are strengthened. It is through these partnerships that Maryland forges ahead; and, while there is still much work to do, accomplishments are significant. Select highlights appear on the following pages.

Maryland's policies, budget, and programs reflect a deep commitment to empowering people with disabilities. Innovation, bold action, and committed follow-through are essential to maintaining the progressive course charted in the State Disabilities Plan. The initial progress outlined identifies a firm foundation for advancing the disability agenda in Maryland. Future successes will occur as a result of this foundation – the creation of the Maryland Department of Disabilities, the State Disabilities Plan, the unprecedented funding levels to disability programs based on data, and the State's strong commitment to move this agenda forward.

Section 2

State Plan Score Sheet – A Balanced Approach:

Recommendations included in the State plan are filtered through the State Plan Score Sheet which is used to prompt planning efforts, to track progress, and to ensure that recommendations address a variety of critical success factors. Such factors include a recommendation's projected fiscal impact, strategies to streamline operations, efforts to promote systems integration, and assurances that accountability standards will be met. Success factors are categorized into three areas: consumer perspectives, organizational performance, and processes and structures.

Stakeholder Input:

The State Disabilities Plan is intended to be a fluid document with the propensity to adapt as new variables and needs are highlighted. The State Disabilities Plan reflects the varied input from people with disabilities and their families, advocates, providers and government representatives. MDOD staff continuously meets with disability stakeholders statewide to pinpoint community needs, system breakdowns, and successes.

The Interagency Disabilities Board:

The Interagency Disabilities Board is comprised of Cabinet Secretaries or their designees and chaired by the Secretary of MDOD. It is charged with continuously developing recommendations; evaluating funding and services for individuals with disabilities; identifying performance measures; and working with the Secretary of the Maryland Department of Disabilities to create a seamless, effective and coordinated delivery system. This body is responsible for both plan development and implementation—being held accountable for results that improve outcomes for the end-user.

Maryland Commission on Disabilities:

The Maryland Commission on Disabilities was established by statute to provide guidance to MDOD in the development of the State Disabilities Plan. Sixteen individuals with disabilities or representatives of stakeholder groups are appointed by the Governor and sit with two members of the Interagency Disabilities Board and two legislators to create a vibrant body intended to move disability issues to the forefront of government. Commission members chair, co-chair or play other significant roles in the work of subcommittees created by the Commission. Because the Commission is primarily composed of individuals with disabilities, the Department has ongoing feedback and input from those most impacted by recommendations and outcomes of the State Disabilities Plan.

Performance Data from the 2006 State Disabilities Plan

Introduction

The Maryland Department of Disabilities' enabling statute requires MDOD to evaluate disability services and to develop performance measures of said services. To this end, MDOD collaborated with the Department of Budget and Management and other units of state government to gather data for disability performance measures with regard to community integration, transportation services, employment and training services; housing, and technology and accessibility. Additional outcomes for other service domains will be developed once these initial measurements and data gathering processes are in place.

Participating units, by service domain include:

- Community Integration - Medicaid, DDA, MHA; MDOA, MDOD
- Transportation - MDOT/MTA and WMATA
- Employment and Training - MSDE/DORS, DLLR, DDA, and MHA
- Housing - DHCD
- Technology and Accessibility - MDOD

Performance Data Charts

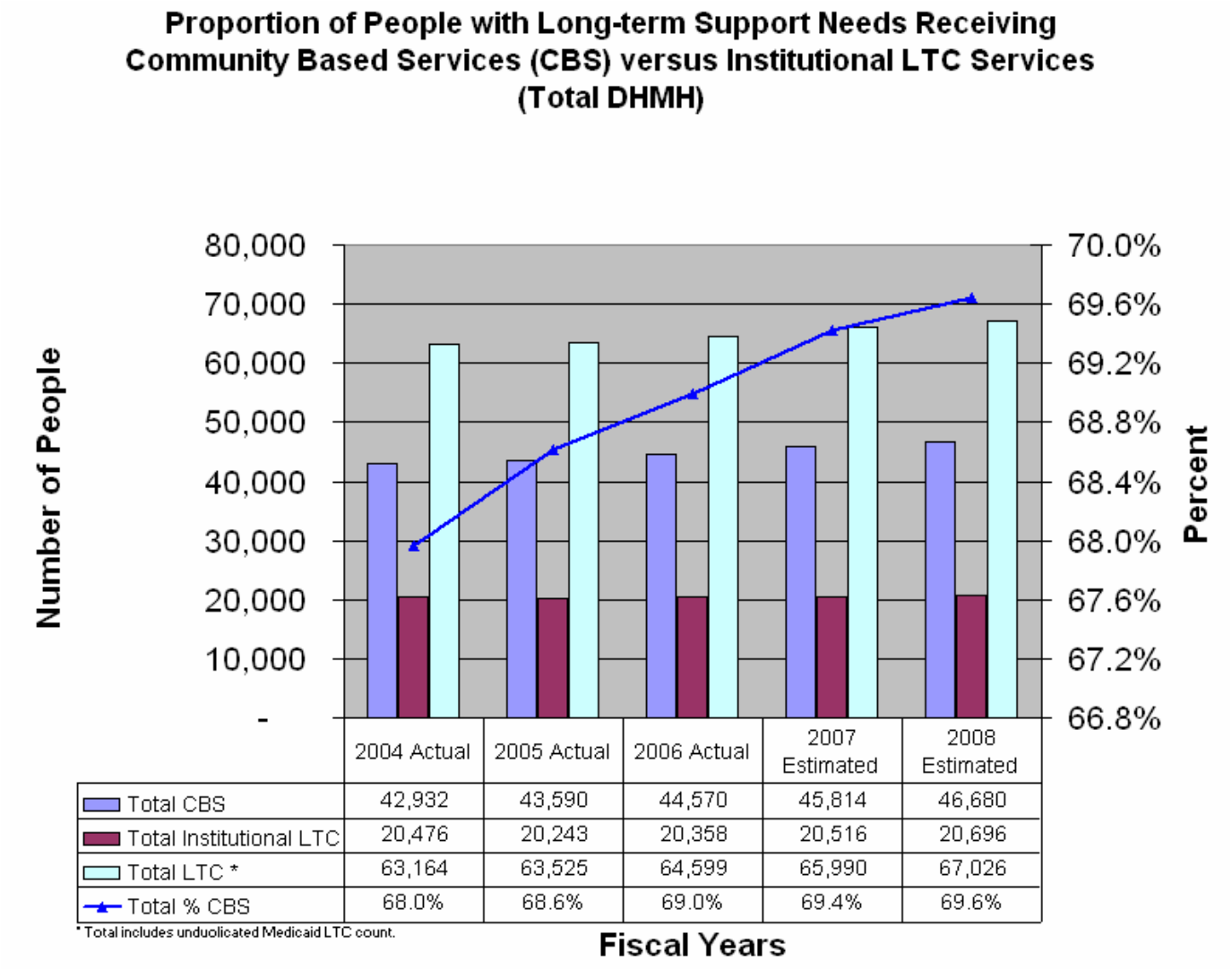
The following performance data charts and tables shows key results and performance measures for Community Integration, Transportation, Employment and Training, Housing, and Technology and Accessibility.

Data Sources

The 2004 data in the exhibits are from the Department's FY 2007 Budget Managing for Results (MFR) submission, which currently is available on the Department's website. Subsequent years' data are from the MDOD 2008 MFR (draft). Exhibits may be subject to updating upon receipt of most recent data from the departments.

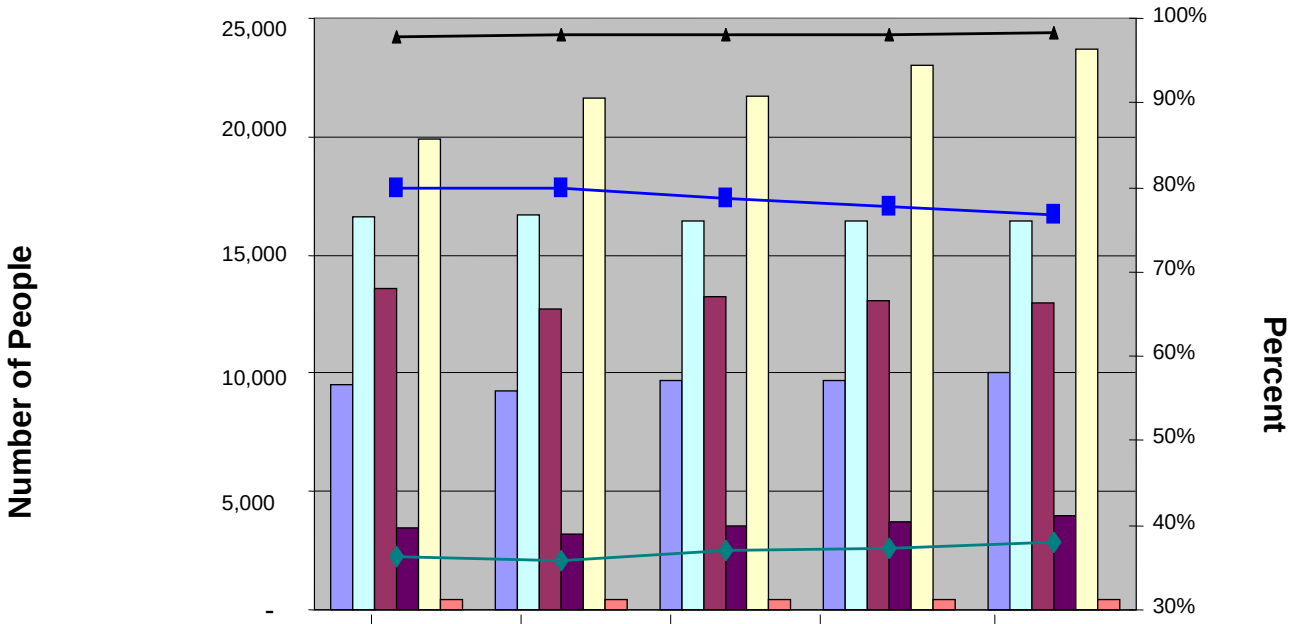
Exhibit 1 (a) shows the proportion of people with long-term support needs receiving community based services (CBS) versus those receiving institutional long-term care services. The data are totals for programs in three Department of Health and Mental Hygiene (DHMH) administrations: Medicaid, Mental Health, and Developmental Disabilities. **Exhibit 1(b)** on the following page shows the same data broken down for each of these administrations. As shown in Exhibit 1(a), the total number of people for whom DHMH provided community based services (CBS) increased by over 1,600 from 2004 to 2006, and is expected to increase further in 2007 and 2008. At the same time, the number of people receiving institutional long-term supports declined from 2004 to 2006, but that trend is not expected to continue in 2007 and 2008. Overall, the percent of people receiving CBS increased from 2004 to 2006, and further increases are expected in 2007 and 2008.

Exhibit 1(a): Community Integration



Proportion of People with Long-Term Support Needs Receiving Community Based Services (CBS) versus Institutional LTC Services

(By DHMH Administration)

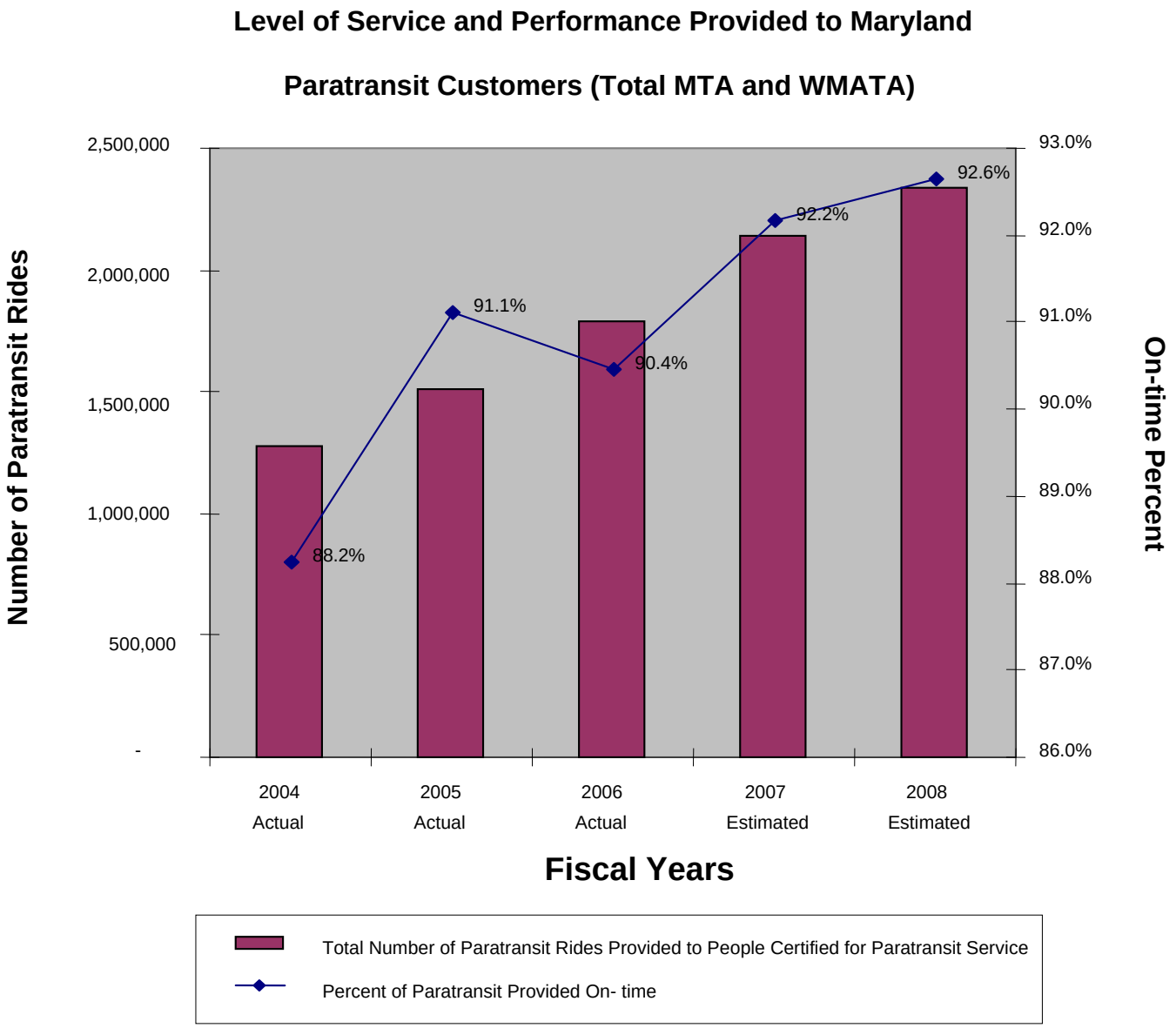


	2004 Actual	2005 Actual	2006 Actual	2007 Estimate	2008 Estimate
Medicaid CBS	9,498	9,268	9,657	9,700	10,000
Medicaid Institutional LTC	16,649	16,671	16,423	16,400	16,400
MHA CBS	13,542	12,697	13,218	13,077	12,937
MHA Institutional LTC	3,433	3,192	3,577	3,755	3,942
DDA CBS	19,892	21,625	21,695	23,037	23,743
DDA Institutional LTC	394	380	358	361	354
Medicaid % CBS	36.7%	36.2%	37.5%	37.7%	38.4%
MHA % CBS	79.8%	79.9%	78.7%	77.7%	76.6%
DDA % CBS (Estimate)	98.06%	98.27%	98.38%	98.46%	98.53%

Fiscal Years

Exhibit 2 (a) shows the level of service and performance provided to Maryland para transit customers, representing combined data from the Maryland Transit Administration (MTA) and the Washington Metropolitan Area Transit Authority (WMATA) for services in Montgomery and Prince Georges Counties. MTA and WMATA combined to provide over 500,000 more rides in 2006 over 2004. The percent of on-time para-transit rides also increased from 88% in 2004 to over 90% in 2005 and 2006. Rides and the on-time percentage are expected to rise in 2007 and 2008.

Exhibit 2 (a): Transportation



RESULTS AND PERFORMANCE MEASURES		FISCAL YEARS				
		2004 Actual	2005 Actual	2006[1] Actual	Estimated[2] 2007	Estimated[2] 2008
Level of Service and Performance provided to MTA and WMATA paratransit customers	Number of people with disabilities certified for paratransit	10,207	11,718	22,634	22,640	NA
	Number of paratransit rides provided (millions)	1.278	1.512	1.794	2.142	2.339[3]
	Percent of paratransit service provided on time	88.2%	91.%	90.4%	92.2%	92.6%
	Customer satisfaction rating:					
	MTA from customer survey (from 0 to 5)	3.37	NA	3.93	4.5	4.5
	WMATA (measured as total number of complaints received per 1,000 trips completed)	3.2	3.8	8.9	3.0	3.0
Level of service and performance provided to people with disabilities using MTA and WMATA fixed route transportation	Number of people with disabilities certified for fixed route	24,163	26,463	27,563	NA	NA
	Percent of accessible buses in fixed route					
	MTA	89%	97%	100%	100%	100%
	WMATA	92%	95%	93%	100%	100%
	Number of people with disabilities receiving travel training					
	Individual (MTA & WMATA)	28	53	103	NA	NA
	Group (WMATA)	104	330	353	NA	NA
	Total number of monthly disabled passes purchased	291,697	270,960	291,534	NA	NA

[1] FY 2006 actual data for WMATA included in this data are not final.

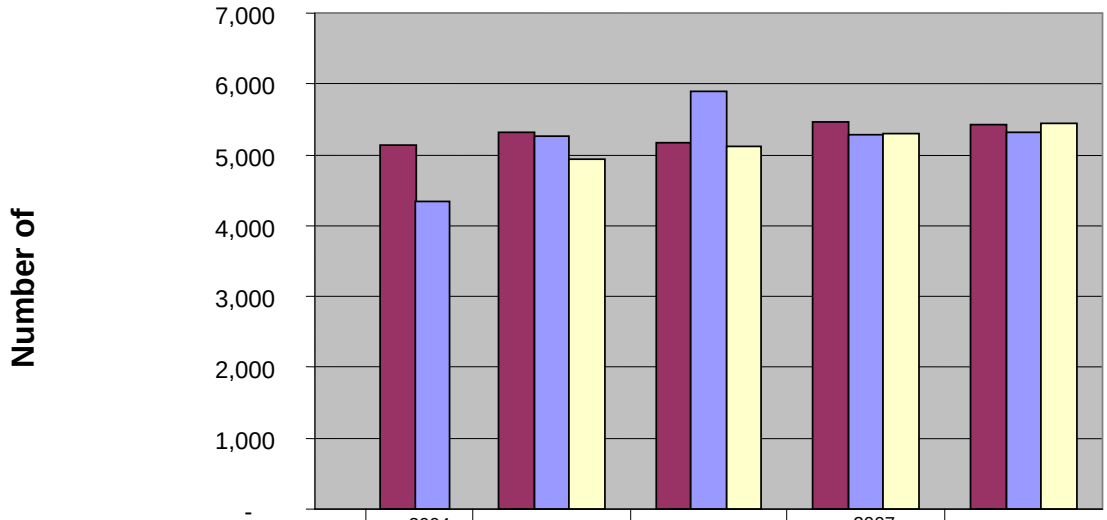
[2] Some 2007 and 2008 estimates have not been received yet from WMATA, pending approval of the Fiscal Year 2008 Budget by the WMATA.

[3] For consistency of presentation here and in Exhibit 2(a), 2008 Estimated figure is equal to MTA 2008 Estimated plus WMATA 2007 Estimated since WMATA 2008 Estimated is not yet available.

Exhibit 3 shows performance data for employment training or services and employment outcomes for Marylanders with disabilities served through four different units of State Government. Over 500 more people with disabilities received Day Services or Supported Employment Services through the Developmental Disabilities Administration (DDA) or the Mental Hygiene Administration (MHA) than in 2004, and a further increase is expected in 2007 with some decline in 2008. The Division of Rehabilitation Services (DORS) and the Department of Labor, Licensing, and Regulation (DLLR) provided employment training services to over 1,500 more people with disabilities in 2006 than in 2004. Decreases are expected in 2007 and 2008 because of resource and capacity issues reported by DORS. In 2006, 194 more people with disabilities than in 2004 obtained employment after receiving employment training or services from DORS or DLLR, and the number obtaining employment is expected to grow in 2007 and 2008. (MDOD is working with MHA and DDA on a methodology to obtain employment outcome data. for individuals with disabilities served by these units.)

Exhibit 3: Employment and Training

Employment Training or Services and Employment Outcomes for People with Disabilities



	2004 Actual	2005 Actual	2006 Actual	2007 Estimate	2008 Estimate
Number of people with disabilities receiving DDA Day Services or Supportive Employment Services (SES) or MHA SES	5,131	5,312	5.171	5,466	5.421
Number of people with disabilities receiving employment training through DORS, DLLR*	4,344	5,270	5,899	5,290	5,320
Number of people with disabilities obtaining employment after receiving training or other employment services through DORS or DLLR**		4,929	5,123	5,300	5,450

Fiscal Years

Notes

*The DLLR data for training incorporated in Exhibit 3 includes only Workforce Investment Act (WIA Customers) but not Labor Exchange customers. LE does not capture number of participants trained

** DLLR data for employment incorporated in Exhibit 3 includes both WIA and LE customers. FY 2004 data was omitted from Exhibit 3 because LE data was not available.

HOUSING

Exhibit 4

RESULTS AND PERFORMANCE MEASURES	FISCAL YEARS				
	2004 Actual	2005 Actual	2006 Actual	Estimated 2007	Estimated 2008
Utilization of the Bridge Subsidy Demonstration Program by individuals with disabilities transitioning or diverting from institutional to community-based services.					
Number of Bridge Subsidy Demonstration Program participants 4	*	*	3*	34	75

TECHNOLOGY AND ACCESSIBILITY

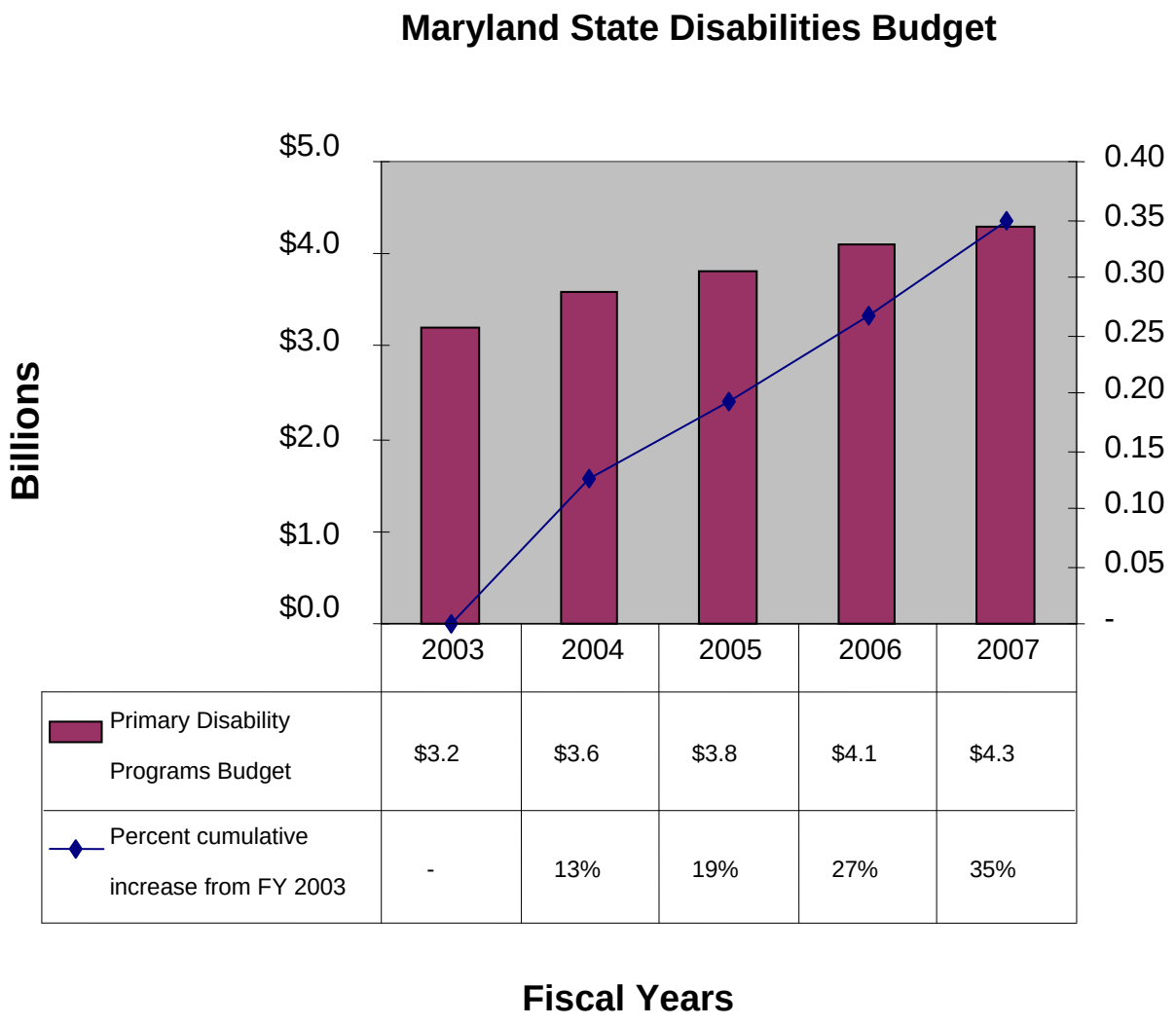
Exhibit 5

RESULTS AND PERFORMANCE MEASURES		FISCAL YEARS				
		2004 Actual	2005 Actual	2006 Actual	Estimated 2007	Estimated 2008
Number of eligible individuals able to purchase assistive technology through loans received from the Assistive Technology Guaranteed Loan Program	Amount of loan program funding (millions)	$2.104	$2.104	$4.758	$4.758	$4.758
	Number of applications processed	171	198	205	210	215
	Number of loans approved	105	102	120	125	130
	Number of loans closed to purchase technology	105	93	110	113	118
Number of State facilities that have increased physical access for persons with disabilities as a result of projects funded through the Maryland Access Program	Number of projects in design stage (initiation stage)	7	8	4	5	5
	Number of projects in construction stage	25	11	10	10	7
	Number of projects completed	30	24	21	20	15
	Number of State facilities with increased access as a result of projects completed during year (**Note:** Some projects are multi-year)	40	32	24	20	15

[4] The inter-departmental MOUs to implement this program became effective 7/1/06.

Figure 1 shows increases in the Maryland State budget for primary disabilities programs from FY 2003 to FY 2007. In analyzing the Maryland State Budget for State Fiscal Years 2003 through 2007 "primary" disability programs to be those programs whose charge is to directly or indirectly serve people with disabilities. This analysis of budget, regulations, and other program information, indicates that 8 departments through 15 units of government administer 99 discrete primary disability programs. Based on this analysis, it is estimated that the FY 2007 budget contains over $4.3 billion for "primary" disability programs. This amount represents an increase of $1.1 billion or 35% from FY 2003 to FY 2007.

Figure 1



COMMUNITY INTEGRATION

VISION:

Individuals with long-term care needs will have access to a wide range of options in choosing their own community supports as alternatives to institutional care settings.

GOAL:

Maryland citizens with long-term care needs will be served in the most integrated setting appropriate to their needs.

ACCOMPLISHMENTS:

- Expanded community supports for all people with disabilities including new initiatives for people with traumatic brain injury, learning disabilities, substance addiction, children with psychiatric disabilities, mental illness, and developmental disabilities.
- Expanded Maryland's community waivers for people with disabilities and older adults.
- Increased funding for State disability programs of over **$1 billion** in the last four years resulting in thousands of additional people being served.
- Developed quality of life results (outcomes), indicators, and a standard definition of self directed services and gathered consumer input through a statewide survey through the Quality and Self-Directed Services workgroup.
- Established baseline data to measure Maryland's Olmstead progress with regard to assessment, diversion, and transition efforts to the least restrictive environment.
- Assessed residents of State Residential Centers to determine whether or not they are receiving supports in the most integrated setting – identified needed supports, services, and technology.
- Increased compensation paid to direct support staff and personal care workers – for some the first increase in almost two decades.
- Convened conferences geared toward social workers and nurses to discuss community options for discharge planning for people with disabilities in nursing homes.
- Established the Traumatic Brain Injury and Personal Assistance Services Advisory Committees to advise the Administration.
- Submitted proposals for federal grants to the Centers for Medicare and Medicaid Services (CMS) and U.S. Administration on Aging to integrate planning efforts regarding long-term care for people with disabilities of all ages.
- Established a committee of consumers with traumatic brain injury and family members and identified preliminary data on traumatic brain injury.

OUTCOME 1:

Individuals with long-term care needs will receive community support services in the most integrated community setting based on their needs and preferences.

Key Strategy 1.1

Rebalance the State's long-term care resources to reflect community preferences.

Action Steps:

1.1.1 By November 2006, apply for the Federal Money Follows the Person Demonstration Pilot.
Responsible Unit(s): DHMH, MDOD, MDOA, DHCD, and DHR

1.1.2 Transition individuals residing in institutions to the community based on the following benchmarks:

The following table provides the State's projected transitions by target population from State FY 2008 through FY 2012 (July 1, 2007 through June 30, 2012).

Target Population	Current Population	Transitions					
		FY 08	FY09	FY10	FY11	FY12	Total
NF total	24,531	784	941	1082	1244	1431	5482
NF-MFP	(included)	392	470	541	622	715	2,741*
ICF/MR	368	50	50	50	50	50	250
Hospital	1,036**	5	5	5	5	5	25
IMD	80	15	15	15	15	15	75

* Total NF (nursing facility) transitions will equal 5,482; however, only 2,741 will be eligible for the MFP (Money Follows the Person) Demonstration.
** Approximately 80 individuals are currently eligible under the Money Follows the Person Demonstration. Other individuals in the chronic hospitals will leave prior to six months continuous residency anyway.
Responsible Unit(s): DHMH, MDOD, MDOA, DHCD, and DHR

1.1.3 By March 2007, develop inclusive stakeholder process for consumer decision making and tracking of consumer satisfaction in State funded services.
Responsible Unit(s): MDOD, DHMH, MDOA, DHCD, DHR, and workgroup

1.1.4 By March 2007, actively engage institutional providers in rebalancing strategies including cooperation in screening, planning, assessments, and discharges.
Responsible Unit(s): MDOD, DHMH, MDOA, DHCD, DHR, workgroup, and Institutional Providers

1.1.5 By March 2007, incorporate services for individuals with brain injury into long-term care efforts.
Responsible Unit(s): MDOD, DHMH, MDOA, DHCD, DHR, and workgroup

Key Strategy 1.2

To establish aging and disability resource centers to provide statewide information and referral combined with assessment and eligibility determinations for adults with long-term care needs.

Action Steps:

1.2.1 By November 2006 reconfigure the ADRC (aging and disability resource centers) advisory committee to reflect a balance among consumer stakeholders.
Responsible Unit(s): MDOA and MDOD

1.2.2 By May 2007, enhance and modify the aging and disability resource centers to include services and supports for adults with disabilities.
Responsible Unit(s): MDOD, DHMH, MDOA, DHR, and Aging and Disability Resource Center Advisory Committees

1.2.3 By July 2007, develop a sustainability plan for the aging and disability resource centers.
Responsible Unit(s): MDOD, DHMH, MDOA, DHR, and Aging and Disability Resource Center Advisory Committees

1.2.4 By April 2007, integrate assessment protocol with Medicaid nursing facility level of care.
Responsible Unit(s): MDOD, DHMH, MDOA, DHR, and Aging and Disability Resource Center Advisory Committees

1.2.5 By October 2007, develop outreach strategy to critical pathways to market and implement statewide web site and local centers.
Responsible Unit(s): MDOD, DHMH, MDOA, DHR, and Aging and Disability Resource Center Advisory Committees

1.2.6 By December 2007, integrate resource centers with managed care plans.
Responsible Unit(s): MDOD, DHMH, MDOA, DHR, and Aging and Disability Resource Center Advisory Committees

1.2.7 By October 2007, develop single electronic Medicaid and long-term care application for publicly subsidized programs.
Responsible Unit(s): MDOD, DHMH, MDOA, DHR, and Aging and Disability Resource Center Advisory Committees

Key Strategy 1.3

Increase awareness of community support services including employment, transportation, housing, and personal assistance to assist consumers to understand their options to divert and transition from institutional placements.

Action Steps:

1.3.1 By January 2007, pilot information and referral effort to residents in Medicaid funded nursing facility regarding community options.
Responsible Unit(s): MDOD

1.3.2 By April 2007, increase efforts to make community-based options information available to persons living in institutions including identification and follow-through with individuals expressing a desire to return to the community and the use of peer mentors if Maryland receives CMS approval for a Money Follows the Person demonstration pilot.
Responsible Unit(s): MDOD, DHMH, MDOA, and DHR

1.3.3 By July 2007, conduct a State Community Support Services Summit that targets stakeholders to increase awareness of community support services and State efforts to divert and transition people from institutional placements.
Responsible Unit(s): MDOD, DHMH, MDOA, and DHR

Key Strategy: 1.4

Assess individuals residing in state funded facilities (SRCs, psychiatric hospitals, chronic hospitals, and nursing facilities) to determine their individual preferences and needs for living in the community and successfully transition to the community who have expressed a desire to do so.

Action Steps:

1.4.1 Throughout FY07, continue transitioning individuals to move to the community from state funded facilities who express a desire to do so.
Responsible Unit(s): DHMH, MDOA, MDOD, and DHR

1.4.2 By July 2007, implement options counseling within a jurisdictional resource center to facilitate nursing home transition.
Responsible Unit(s): MDOA, DHMH (Office of Health Services/Medicaid), MDOD, and local entity.

1.4.3 By June 2007, develop an on-going capacity to screen of long-term residents of State Psychiatric Hospitals to solicit living preferences.
Responsible Unit(s): MHA

Key Strategy: 1.5

Successfully diverts individuals from placement in state funded facilities who have expressed a desire to remain in their community.

Action Steps:

1.5.1 Throughout FY07, continue diverting individuals at risk of institutionalization to community programs and supports.
Responsible Unit(s): DHMH (Office of Health Services/Medicaid, MHA, and DDA), MDOA, and MDOD

1.5.2 By July 2006, continue serving individuals from all state waiting lists.
Responsible Unit(s): DHMH (Office of Health Services/Medicaid, MHA, and DDA) and MDOA

1.5.3 By April 2007, conduct outreach to hospitals within two jurisdictions to increase their awareness of community supports and options to nursing homes or psychiatric hospitals.

Responsible Unit(s): DHMH (Office of Health Services/Medicaid, MHA), and MDOD

Key Strategy 1.6

Increase the capacity to provide quality, self-directed personal assistance services for individuals with long-term care needs in the most integrated community-based setting appropriate.

Action Steps:

1.6.1 By April 2007, develop the parameters of a state-wide tiered referral/registry system by which individuals with disabilities can seek attendant/personal care providers to address their community supports and needs.
Responsible Unit(s): DHMH, DHR, MDOA, and MDOD

1.6.2 By July 2007, develop a universal process by which personal care providers may apply for certification/eligibility from all applicable State agencies at one time.
Responsible Unit(s): DHMH, DHR, MDOA, and MDOD

1.6.3 By July 2007, identify education and training venues for personal care providers/ attendants.
Responsible Unit(s): DHMH, DHR, MDOA, and MDOD

1.6.4 By July 2007, review compensation discrepancies among state programs for personal assistance services.
Responsible Unit(s): DHMH, DHR, MDOA, and MDOD

1.6.5 By December 2007, report on the status of services and programs operated by State agencies for people with long term care needs including services and programs related to housing, transportation, medical needs, and food subsidies. Identify challenges with the delivery of existing services or programs and the need for additional services or programs,

including capacity, compensation, training, transportation, and cultural differences. Suggest strategies to accommodate needs.
Responsible Unit(s): Maryland Health Care Commission; Participants: DHMH, MDOD, DHR, and MDOA

OUTCOME 2:

Individuals with long-term care needs will report an increase in their quality of life based on self-defined quality indicators and outcomes that reflect increased choice, meaningful relationships, economic security, and other measures associated with quality of life.

Key Strategy 2.1

Integrate consumer-centric approaches to measure quality of life for individuals with long-term care needs.

Action Steps:

2.1.1 By July 2007, report baseline data for the attainment of consumer outcomes and satisfaction for programs/services for people receiving State funded services. Data shall include method of data collection, (survey, phone survey, peer to peer, etc.), data results, and noted areas of concern.
Responsible Unit(s): MDOD**,** DHMH (Office of Health Services/Medicaid, DDA FHA, and MHA), MDOA, and DHR.

2.1.2 By July 2007, develop uniform definitions of quality, quality indicators, and outcome measures with all State long term-care efforts.
Responsible Unit(s): MDOD, DHMH, MDOA, and DHR

OUTCOME 3:

People who want to self-direct their services will do so.

Key Strategy 3.1

Expand opportunities for individuals with long-term care need to self-direct their own services.

Actions Steps:

3.1.1 By July 2007, develop parameters for self-direction in Community Choice.
Responsible Unit(s): DHMH **(**Office of Health Services/Medicaid and DDA), MDOA, DHR, MDOD, and related workgroups.

3.1.2 By April 2007, integrate uniform definition for self-directed services with all State long term-care efforts.
Responsible Unit(s): MDOD, DHMH (Medicaid, DDA and MHA), MDOA and DHR

HOUSING

VISION:

People with disabilities will have a full array of housing options similar to their non-disabled peers.

GOAL:

People with disabilities will have access to affordable, accessible housing in their communities with linkages to appropriate support services.

ACCOMPLISHMENTS:

- Established the Bridge Subsidy Demonstration Program, a pilot rental subsidy program that will help people with disabilities transition from institutions to their communities while awaiting more permanent housing supports.
- Hired a housing coordinator responsible for being the single point of entry to coordinate efforts among State agencies serving Medicaid consumers and overseeing the development of a housing registry.
- Introduced legislation to modify the Department of Housing and Community Development's (DHCD) Partnership Rental Housing Program for Individuals with Disabilities to streamline the existing requirements, including local governments' required contributions and participation. This will enable the Program to fund the development of housing units for individuals with disabilities or special needs that are located within larger rental communities owned by the private sector.
- Continued to provide private builders with incentives for developing accessible and affordable housing within local communities.
- Piloted a low-cost wheelchair ramp construction project to serve residents with low incomes in Wicomico County and initiated the development of a similar program in Baltimore City.
- Updated and widely distributed the Maryland Housing Modification Resource Guide to individuals with disabilities who need to modify their homes for accessibility.
- Compiled a Guide for Homeownership for individuals with disabilities that promote the creative use of all available affordable housing programs to expand homeownership.

OUTCOME 1:

Individuals with disabilities will not spend more than 30% of their income on housing.

Key Strategy 1.1
Identify affordable housing for individuals with disabilities.

Action Steps:

1.1.1 By June 2007, begin tracking unit occupancy of Low Income Housing Tax Credit units that are held and marketed specifically for individuals with disabilities.
Responsible Unit(s): DHCD

1.1.2 By April 2007, examine the feasibility of restructuring DHCD's Homeownership for Individuals with Disabilities Program to make use of the existing Maryland Mortgage Program and other single family programs to serve more individuals in a competitive private housing market. With stakeholder input, implement a new program structure.
Responsible Unit(s): DHCD

1.1.3 By August 1, 2007, assess the effectiveness of the Bridge Subsidy Demonstration Program to include consumer satisfaction, quality of life outcomes; challenges and successes; and recommendations for expansion.
Responsible Unit(s): Co-leads: MDOD and DHCD

1.1.4 By August 2007, assess the benefits to linking the Low Income Housing Tax Credit units that are held and marketed specifically for individuals with disabilities to current rental subisdy programs, such as the Bridge Subsidy Demonstration Program.
Responsible Unit(s): DHCD

Key Strategy 1.2

Increase collaboration among housing entities (Public Housing Authorities, and the disability community.

Action Steps:

1.2.1 By July 1, 2007, convene regional housing forums to enhance regional housing options for people with disabilities. Include representation from responsible state agencies, stakeholders inlcuding advocates, consumers, faith based organizations, housing developers, and others as part of an overall systems assessment.
Responsible Unit(s): MDOD Participants: DHCD, MDOA, DHMH, PHA's

1.2.2 By July 1, 2007, implement outreach strategies to build/improve credit and increase asset development, including Individual Development Accounts (IDA's), for individuals with disabilities.
Responsible Unit(s): MDOD

1.2.3 By July 2007, create an Affordable/Accessible Housing Development Toolkit to be used by local governments and nonprofits to increase the capacity of housing available to individuals with disabilities.
Responsible Unit(s): MDOD; MD Commission on Disabilities; DHCD

1.2.4 By April 2007, disseminate the local PHA's schedules for developing housing plans to stakeholders to increase their participation in the development of local plans, particularly with the "needs statement" and priorities for allocation of resources.
Responsible Unit(s): MDOD

1.2.5 By March 2007, include persons with long-term care needs in the State Housing Consolidated Plan.
Responsible Unit(s): DHCD

OUTCOME 2:

Individuals with disabilities will access housing in the communities of their choice.

Key Strategy 2.1:

Increase access to affordable, accessible housing in the most integrated setting.

Action Steps:

2.1.1 By September 1, 2006, create a request for proposal (RFP) for an online searchable affordable rental housing database that has the capacity to list accessible apartments.
Responsible Unit(s):

2.1.2 By November 1, 2006, educate key stakeholders on the online searchable affordable rental housing database and initiate discussions on how the database can assist or be augmented to provide information on the availability of affordable/accessible housing.
Responsible Unit(s): DHCD and MDOD

OUTCOME 3:

Individuals with disabilities who have accessibility needs will remain in, or return to, their homes.

Key Strategy 3.1

Expand tools and strategies to create living environments that promote ease of use, safety, security and independence for all individuals.

Action Steps:

3.1.1 By April 2007, expand volunteer low-cost wheelchair ramp construction projects that serve residents with low incomes to additional areas of the State.
Responsible Unit(s):

3.1.2 By April 2007, convene a group to promote and increase the availability of Universal Design in Maryland.
Responsible Unit(s): MDOD/MTAP, MDOA, DHCD

TRANSPORTATION

VISION:

People with disabilities will use an array of transportation options to access destinations enjoyed by their non-disabled peers.

GOAL:

To create reliable, cost-effective transportation enabling people with disabilities to access destinations of their choosing at the same rate as their non-disabled peers.

ACCOMPLISHMENTS:

- Inherited one of the worst para-transit systems in the country in 2003 and made it one of the top in the nation in 2006.
- Achieved a routine on-time performance in para-transit above 90% (up from 70% four years ago).
- Infused a philosophy of *"Nothing about me, without me"* by routinely involving people with disabilities in problem solving - resulting in a 30% increase in consumer satisfaction in the para-transit system.
- Improved training of personnel by hiring people with disabilities to provide the training to drivers, managers, call-center personnel and others.
- Infused upgraded communications technology throughout the system resulting in greater efficiencies and customer satisfaction.
- Provided an unprecedented increase in funding to bring the Maryland Transit Administration's (MTA) operations into compliance with the Americans with Disabilities Act (ADA) standards – 100% of vehicles and ticket machines are accessible.
- Accessible ticket machines at Metro and MARC stations are quality tested by individuals with disabilities.
- Created a critically acclaimed Taxi Access Program which provides over one thousand rides every day through private contracts with seventeen Maryland companies.

OUTCOME 1

People with disabilities will have improved access to public and personal transportation.

Key Strategy 1.1
Improve transportation options for people with disabilities who rely on the Washington Metropolitan Area Transportation Authority (WMATA) for transportation.

Action Step:

1.1.1 By April 2007, implement a strategy to inventory WMATA bus stops for accessibility, travel training opportunities, and consumer satisfaction.
Responsible Unit(s):

Key Strategy 1.2

Eliminate the barriers to driver education for people who are deaf.

Action Step:

1.2.1 By April 2007, develop a means to increase driver education opportunities for people who are deaf.
Responsible Unit(s):

Key Strategy 1.3

Increase the availability of accessilble taxis for paratransit consumers.

Action Step:

1.3.1 By June 2007, examine the feasibility of purchasing additional accessible vehicles as prototypes in the taxi access program.
Responsible Unit(s):

OUTCOME 2:

People with disabilities will use fixed route transportation in greater numbers.

Key Strategy 2.1

Expand and enhance available travel training options by providing a travel training system statewide that extends to school systems and to people whose driving is restricted for medical reasons.

Action Steps:

2.1.2 By April 2007, develop an RFP to deliver travel training on demand to consumers. RFP should look at providing a travel training brokerage system statewide, extending from school systems to people whose driving is restricted for medical reasons.
Responsible Unit(s):

Key Strategy 2.2

Assess potential revisions to certification of people with disabilities for para-transit services including standards, frequency of re-certification, functional assessment criteria, and education of the general public and physicians of prospective changes.

Action Step:

2.2.1 By April 2007, examine the feasibility of physicians using uniform standards to certify para-transit users that will include an assessment of whether or not travel training could allow an individual to ride fixed route.
Responsible Unit(s): MTA, MVA, MDOD, and CACAT

Key Strategy 2.3
Examine the feasibility of providing a cross-regional transportation capacity in both the fixed route and para-transit systems to enable people with disabilities to travel across regions using different systems.

Action Step:

2.3.1 By April 2007, determine best practices being used by other States regarding cross-regional transportation.
Responsible Unit(s): MDOT, MTA, MDOD, and CACAT

2.3.2 By April 2007, issue an RFP for regional grants to pilot cross-jurisdictional solutions.
Responsible Unit(s): MDOT and MDOD

OUTCOME 3:

People with disabilities who attend community service agencies (DDA, MHA, MDOA, etc.) will experience shorter trips, increased flexibility, and streamlined scheduling of transportation.

Key Strategy 3.1
Facilitate regional/local strategies that increase efficiencies, customer satisfaction, and fiscal accountability of state funded human-service transportation.

Action Step:

3.1.1 By April 2007, determine best practices being used by other States regarding human-service transportation.
Responsible Unit(s): MDOT, MTA, MDOD, and CACAT

3.1.2 By April 2007, issue an RFP for grants to pilot cross-agency human-service transportation solutions.
Responsible Unit(s): MDOT and MDOD

EMPLOYMENT AND TRAINING

VISION:

Marylanders with disabilities have a variety of meaningful employment and training opportunities, the incentive to work, and choose and control the individualized services that support their diverse careers in integrated settings.

GOAL:

To ensure Marylanders with disabilities receive individualized supports and quality training that lead to integrated employment that offering competitive wages and benefits.

ACCOMPLISHMENTS:

- Creation and full funding of a Medicaid Buy-In (the Employed Individuals with Disabilities Program) allowing qualified individuals with disabilities who are working to retain health insurance, removing one of the biggest barrers to employment.
- Twenty mental health programs are participating in the Evidence Based Practice Supported Employment project resulting in an increase in the number of consumers competitively employed.
- MHA and DORS combined eligibility processes to streamline administrative processes in order for consumers who want to work to receive supports in an expedited fashion. Maryland is the only state to have this level of integration both financially and programmatically with the state-wide vocational rehabilitation agency.
- Re-employment initiative for individuals with traumatic brain injury to return to work.
- Thirty three individuals with disabilities participated in the 6th annual Quest Internship Program in Maryland State Government.
- Eleven One-Stops acquired assistive technology to increase access for individuals with disabilities.
- Obtained nearly a million dollars in federal grant monies to further Maryland's employment opportunities for people with disabilities.
- Created and disseminated a series of 18 fact sheets for employers and job seekers.
- Hosted a CEO Breakfast with Sun Trust Bank in conjuntion with the Governor’s Employer Summit, a national best practice, that was attended by representatives of 22 Maryland businesses.
- Created a series of “Work Matters” public service announcements targeting employers and featuring successful workers with disabilities.

OUTCOME 1:

People with disabilities will experience an increase in meaningful employment outcomes.

Key Strategy 1.1

Develop baseline data to measure progress towards achievement of this outcome.

Action Steps:

1.1.1 By December 2007, complete the first annual cross agency employment data set, comprised of unemployment insurance (UI) wage data.
Responsible Unit(s): DDA, MHA, DORS, DLLR, Office of Health Services (Medicaid-EID) and University of Baltimore

1.1.2 By March 2007, initiate a Johns Hopkins Unversity (JHU) Capstone project to develop an employment database in conjunction with CMS's MIG State data efforts.
Responsible Unit(s): MDOD and Medicaid

Key Strategy 1.2

Enhance the abilities of public and private employers to hire qualified individuals with disabilities.

Action Steps:

1.2.1 By May 2007, provide follow up technical assistance to the 22 businesses that attended the Governor's Employer Summit and co-host a series of half day intensive trainings in partnership with the Business Leadership Network
Responsible Unit(s): MDOD, DBED, DLLR, Governor's Workforce Investment Board; Participants: DORS, DDA and MHA

1.2.2 Implement changes to the Special Options Eligible Program to increase State hiring of individuals with disabilities.
Responsible Unit(s): DBM

1.2.3 By July 2007, enroll twenty or more candidates into the Quest Internship program.
Responsible Unit(s): DBM

1.2.4 By March, 2007, initiate a multimedia campaign (Work Matters) highlighting successful employees with disabilities to encourage employers to hire individuals with disabilities.
Responsible Unit(s): MDOD and Medicaid

1.2.5 Implement a Customized Employment pilot project for state government underway and facilitate replication of the Project Search model in Maryland.
Responsible Unit(s): MDOD, DGS, and DBM

OUTCOME 2:

People with disabilities will have access to a broad array of consumer-directed employment training options in communities where they live.

Key Strategy 2.1

Increase consumers' ability to direct their employment and training services in community-based integrated services and employment.

Action Steps:

2.1.1 By March 2007, increase outreach efforts for the EID (Medicaid Buy-In) program.
Responsible Unit(s): MDOD, DHR, DORS, and DHMH (DDA and MHA)

2.1.2 By January 2007, convene a meeting of stakeholders to learn more about the Tennessee's employment first model.
Responsible Unit(s): MDOD, DORS and DHMH (DDA)

2.1.3 By April 2007, ensure that employment services are included in broader stakeholder and systems change activities related to consumer direction, individual budgets, satisfaction and assessment.
Responsible Unit(s): MDOD, DHMH (DDA and MHA)

2.1.4 By April 2007, hire a Consumer Outreach Coordinator to meet with consumers in sheltered non-work and work settings regarding the EID program, and resources, and supports available to assist them in achieving their employment goals in integrated settings in their communities.
Responsible Unit(s): DHMH (Medicaid) and MDOD

2.1.5 By March 2007, convene a diverse group of stakeholders to include consumers and MDOD, to review Mental Health Vocational Program regulations and recommend changes that will lead to increased employment outcomes.
Responsible Unit(s): DHMH (MHA) and MDOD

2.1.6 By May 2007, create Employment Policy empowerment training for a minimum of ten consumers with disabilities.
Responsible Unit(s): MDOD

Key Strategy 2.2

Increase the availability and quality of employment services and ensure accuracy of information and outcomes reported so consumers can make quality informed choices.

2.2.1 By November 2006, have statewide outreach in place for the Employer and Job Seeker Fact Sheets.
Responsible Unit(s): MDOD

2.2.2 By July 2007, more then half the individuals enrolled in the Governor's Brain Injury Re-employment Initiative will have achieved employment outcomes.
Responsible Unit(s): DORS

2.2.3 By July 2007, DORS, MHA and DDA will increase the number of individuals with disabilities receiving employment services that result in integrated employment outcomes.
Responsible Unit(s): DORS, DHMH (DDA and MHA)

OUTCOME 3:

People with disabilities will have increased ability to independently locate, identify and pursue employment.

Key Strategy 3.1

Employment and training programs will better prepare individuals with disabilities to independently explore career opportunities and obtain jobs.

Action Steps:

3.1.1 By October 2007, pending approval of the federal regulations, increase the participation of Maryland based organizations participation in SSA's Ticket to Work.
Responsible Unit(s): MDOD and DORS

3.1.2 By March 2007, increase the availability of benefits counseling in Maryland through collaboration with federal grantees.
Responsible Unit(s): DORS and DHMH (Office of Medicaid Services)

3.1.3 By July 2007, increase the availability of information and services related to self employment.
Responsible Unit(s): DORS

3.1.4 By March 2007, convene a meeting of service providers and Maryland based temp agencies to explore replication of the Manpower model as a strategy to improve work experience for job seekers with disabilities.
Responsible Unit(s): MDOD

Key Strategy 3.2

Increase and sustain access for job seekers with disabilities to One Stop Career Centers through technology and programmatic changes.

Action Steps:

3.2.1 By October, 2006, update the DLLR website, add a disability query to MWE and have access surveys completed and action plans in place.
Responsible Unit(s): DLLR

3.2.2 By January 2007, have access surveys completed and action plans in place, have sustainability plans approved by MDOD and DLLR in place in anticipation of the end of the DPN
Responsible Unit(s): DLLR

Key Strategy 3.3

Remove disincentives to work for individuals with disabilities.

Action Steps:

3.3.1 By January 2007, all agencies will have an ongoing process to get EID information directly to the individuals with disabilities they serve.
Responsible Unit(s): DORS, DHMH (MHA and DDA), DHR, DLLR, and MDOD

3.3.2 By July 2007, the EID program will be under the state plan.
Responsible Unit(s): DHMH (Office of Medicaid Services)

HEALTH AND BEHAVIORAL HEALTH

VISION:

Maryland envisions a high quality coordinated health care system for all citizens, with and without disabilities, which offers easy and timely access to medical care and a variety of consumer options for primary, specialty, acute and long-term health care services including behavioral health.

GOAL:

To assure that people with disabilities have access to a range of high quality and coordinated health care providers, including primary and specialty care physicians and other health care professionals who have specialized experience working with multiple need populations to address their preventive, acute and chronic health care needs.

ACCOMPLISHMENTS:

- Maryland completed first year activities under the federal Mental Health Transformation State Incentive Grant, one of only seven states nationwide to participate in this major federal initiative. First year activities included creation of the Transformation Working Group, completion of a broad and comprehensive statewide Needs Assessment and Resource Inventory, submission of a draft Comprehensive Mental Health Plan, hiring key staff, and laying the foundation for implementation activities in upcoming years.
- MHA funded the Consumer Quality Team to hire an Executive Director, selected pilot counties, and will expand to an in-patient facility and a regional institute for children and adolescents.
- Funding for a pilot demonstration project of Self-Directed Mental Health Care was identified to implement the recommendations of the Task Force on Self-Directed Mental Health Care.
- Maryland implementated the Alternatives to Seclusion and Restraint State Incentive Grant in all MHA operated child and adolescent facilities with plans to expand to all State operated psychiatric hospitals, providing facility staff with alternatives to placing people in seclusion or using a variety or physical or chemical restraints.
- Collaborated with advocates, people with disabilities, and legislators to create and fully fund a Medicaid Buy-In (the Employed Individuals with Disabilities Program) which allows qualified individuals with disabilities who are working to retain health insurance, removing one of the biggest barriers to employment.
- Increased compensation to staff providing direct support, nursing, and personal assistance – in some cases, the first increase in nearly 20 years.

OUTCOME 1:

People with disabilities will have access to high quality mental health and substance abuse services that address their recovery and wellness in an integrated manner.

Key Strategy 1.1

Develop, refine and implement a comprehensive five year Mental Health Transformation Plan to improve the delivery of publicly funded mental health services, consistent with the requirements of the federal mental health transformation grant and the six goals of the New Freedom Commission on Mental Health. These goals include:

- Americans understand that mental health is essential to overall health;
- Mental health care is consumer and family driven;
- Disparities in mental health services are eliminated;
- Early mental health screening, assessment, and referral to services are common practice;
- Excellent mental health care is delivered, and research is accelerated; and
- Technology is used to access mental health care and information.

A minimum of one action step will be set forth under each of the above goals and will be included in the State Disability Plan when approved by the Transformation Working Group. Additional mental health action steps include the following:

Action Steps:

1.1.1 By April 1, 2007, support On Our Own of Maryland in its effort to transform to a wellness and recovery orientation, including providing support for enhanced use of peer support specialists in State hospitals using the Olmstead Peer Support model.
Responsible Unit(s): DHMH (MHA)

1.1.2 By January 15, 2007, implement the Consumer Quality Team in a three county regional pilot project. Provide plans to expand the pilot into selected State facilities.
Responsible Unit(s): DHMH (MHA)

1.1.3 By November 2007, develop an action agenda for addressing short and long-term solutions regarding emergency department and acute care issues on the over utilization of hospital emergency departments by psychiatric consumers.
Responsible Unit(s): DHMH (MHA); Participants: stakeholders identified above and MH-TWG

1.1.4 By January 15, 2007, implement the local pilot project of Self-Directed Mental Health Care, based on the recommendations of the Task Force on Self-Directed Mental Health Care.
Responsible Unit(s): DHMH (MHA) and MDOD

1.1.5 By January 2008, develop working group to create strategic plan to address the needs of people who are committed to the State by Maryland's courts for treatment (forensics).
Responsible Unit(s): DHMH (MHA, ADAA, DDA, and Medicaid), MDOD, MD Dept. of Corrections, Dept. of Juvenile Services.

Key Strategy 1.2

Assess the provision of substance abuse services available statewide to determine the resources, issues and needs specifically related to people with disabilities.

Action Steps:

1.2.1 By March 2007, using data from ADAA program reporting system, profile the incidence of individuals with psychiatric disorders and co-occurring substance abuse disorders and the impact that substance abuse treatment has on participation in mental health treatment. Describe the nature of the problem of co-occurring disorders and outline issues important in making service improvements.
Responsible Unit(s): ADAA

1.2.2 By December 2006, make recommendations to adapt the ADAA program reporting system to enable provision of data on the utilization of substance abuse services to various disabled populations.
Responsible Unit(s): ADAA

Key Strategy 1.3

Conduct a comprehensive assessment of access to behavioral health services for people with a wide range of non-psychiatric disabilities who may also need mental health or substance abuse services.

Action Steps:

1.3.1 By April 2007, implement a plan to identify funding and other resources needed for behavioral health services for people who are deaf, hard of hearing, and deaf-blind in Maryland.
Responsible Unit(s): Lead – ODHH; Participants: Involved Agencies-Maryland Advisory Council for the Deaf and Hard of Hearing, DHMH (MHA, ADAA, DDA), and MDOD

1.3.2 By June 2007, establish an expedited referral procedure and system for subsequent tracking of persons with co-occurring developmental and psychiatric disabilities that come to the attention of the MDOD constituent services team.
Responsible Unit(s): Lead – MDOD; Participants: Participants: DHMH (MHA and DDA)

1.3.3 By April 2007, partner with community advocates to identify behavioral health needs and strategies for addressing these needs for people with disabilities transitioning or diverted from nursing facilities under the Living at Home waiver.

Responsible Unit(s): Lead – MDOD: Participants: DHMH (MHA, DDA, ADAA, and Medicaid), and LAH case management entity

OUTCOME 2

People with disabilities will be treated with dignity and respect and protected from abuse, neglect, or other harm within the health care system.

Key Strategy 2.1

Establish and strengthen programs that protect individual rights and reduce the incidence of abuse, neglect, seclusion, restraint, or other negative treatment of people with disabilities in the health care system.

Action Step:

2.1.1 By June 2007, implement alternatives to seclusion and restraint in State operated psychiatric facilities and report data specific to the use of seclusion and restraint in specific State facilities.
Responsible Unit(s): MHA

OUTCOME 3

Children with disabilities and their families have a reduced number of contacts with the child welfare system.

Key Strategy 3.1

Improve services provided by public and private health insurance to children with disabilities, transitioning youth and their families.

Action Steps:

3.1.1 By October 2009, provide parents and decision-makers with in-depth information about the disability coverage features of various health insurance plans via a user-friendly website with detailed comparisons of available plans and their provisions.
Responsible Unit(s): MDOD

3.1.2 By July 2007, a workgroup of stakeholders will convene to identify specific policies and procedures regarding health insurance negatively impacting children with disabilities, transitioning youth and their families.
Responsible Unit(s): Lead – MDOD; Participants: DHMH (Office of Genetics and Children with Special Health Care Needs, Medicaid, MHA, DDA, and the GOC)

TECHNOLOGY AND COMMUNITIES

VISION:

Maryland citizens with disabilities will enjoy services and jobs that are universally accessible.

GOAL:

To provide state services and employment opportunities accessible to people with disabilities through the use of assistive technology and accessible information technology; and to facilitate assistive technology purchases that are accessible and affordable.

ACCOMPLISHMENTS:

- Secured $2.6 million in federal funding to expand the Assistive Technology Guaranteed Loan Program, guaranteeing the solvency of the program to at least the year 2020. This program provides people with low interest loans underwritten by the State to purchase assistive technology or home modifications.
- Put in place mechanisms to assure non-visual access to State government websites to make information accessible for people with disabilities.
- Expanded the number of participating vendors providing discounts on products through the Maryland Assistive Technology Co-op to provide affordable technology that is available to people with disabilities.
- Continued to fund modifications to State owned property to assure accessibility. Maryland received an award from the U.S. Department of Health and Human Services recognizing the State as having one of the highest accessibility rates in the nation.

OUTCOME 1

People with disabilities will have independent and equal access to state funded services.

Key Strategy 1.1

Provide technical assistance to ensure that the website of the Maryland Department of Budget and Management is compliant with COMAR 17.06 ("Information Technology Non-Visual Access Policy").

Action Steps:

1.1.1 By April 2007, consult with DBM web developer(s) to resolve the problems.
Responsible Unit(s): MDTAP, MDOD, and DBM

1.1.2 By April 2007, conduct a final review of the site following remediation to verify that the DBM site complies with the NVA.
Responsible Unit(s): MDTAP, MDOD, and DBM

Key Strategy 1.2

Provide technical assistance, training and product evaluation to DBM to ensure that all information technology products purchased are compliant with COMAR 17.06 (“Information Technology Non-Visual Access Policy”).

Action Steps:

1.2.1 By April 2007, MDOD will provide two ½ day training sessions on how to procure IT products that comply with the NVA to procurement and IT staff selected by DBM.
Responsible Unit(s): MDOD

1.2.2 By March 2007, MDOD will provide technical assistance to procurement officers and contract managers for each of five jointly selected procurement bids by assisting with the design of the RFP and evaluating the degree of compliance with NVA for IT products included in vendor bids.
Responsible Unit(s): MDTAP, MDOD, and DBM

Key Strategy 1.3

Provide evaluation and technical assistance to at least twenty (20) state agencies to ensure their web sites comply with COMAR 17.06 ("Information Technology Nonvisual Access Standards").

Action Steps:

1.3.1 By June 2007, evaluate state websites to determine their state of compliance with the NVA and identify accessibility problems and/or areas of noncompliance.
Responsible Unit(s): MDTAP

1.3.2 By June 2007, provide training on accessible web design to web developers, if necessary, identifying measures needed to remediate problems and conducting final reviews of sites following remediation to verify that sites comply with the NVA.
Responsible Unit(s): MDTAP

OUTCOME 2:

Marylander with disabilities will receive the information and training needed to discover, select, secure funding for, acquire and effectively operate assistive technology.

Key Strategy 2.1

Assist Marylanders with disabilities to make informed choices about assistive technology and acquire devices and training.

Action Steps:

2.1.1 By June 30, 2007, conduct outreach to individuals with disabilities, families and professionals about assistive technology and services through presentations, resource fairs and conferences, and other public forums to at least 1,700 people of a broad range of ages and disabilities throughout Maryland.
Responsible Unit(s): MDOD (MDTAP)

2.1.2 By June 2007, deliver information and referral about assistive technology and including how to obtain assessments, try out devices, secure funding and discounts, select vendors, and receive training, to at least 1,900 individuals with disabilities, families and professionals.
Responsible Unit(s): MDOD (MDTAP)

2.1.3 By June 2007, demonstrate assistive technology devices and/or lend devices to "try before buying" to at least 1,300 individuals with disabilities, families and professionals to enable them to discover and select the most appropriate technologies.
Responsible Unit(s): MDOD (MDTAP)

Key Strategy 2.2

Ensure gap-free access to assistive technology devices and services for eligible students who are transitioning from high school to work or higher education

Action Step:

2.2.1 By June 2007, DORS and local school systems will collaborate to enter into Memoranda of Understanding with local school systems to ensure that eligible transitioning students receive assistive technology assessments, devices and training throughout the transition process from high school to employment or college.
Responsible Unit(s): MDOD, DORS, and LEA

Key Strategy 2.3

Establish policies and guidelines to help ensure provision of assistive technology to eligible Marylanders with disabilities.

Action Steps:

2.3.1 By June 2007, develop a policy for assistive technology to be considered at individual planning meetings for all individuals who receive services funded by the DDA.
Responsible Unit(s): DHMH (DDA)

EDUCATION

VISION:

Youth with disabilities will receive a free, high-quality public education in their neighborhood schools and emerge prepared and able to access employment or higher education.

GOAL:

To assure that all youth with disabilities have the necessary services and accommodations to succeed in their neighborhood schools and experience a smooth, successful transition to supported employment, job development, or institutions of higher education.

ACCOMPLISHMENTS:

- Increased scores of students receiving special education on Maryland School Proficiency Assessments.
- Increased the graduation rate with a diploma for Maryland's students in special education.
- Fully funded transitioning youth with developmental disabilities exiting the special education system.
- Fully funded the Cade formula for community colleges to assist them in supporting larger numbers of students with and without disabilities.
- Fully funded the Thornton Commission, stewarding $1.4 billion in new funding to local school jurisdictions to guarantee that all students, with and without disabilities, have access to a free, high quality public education, including special education.
- Created Maryland's first effort focused exclusively on community college students with learning disabilities.
- Increased funding for the Maryland Infants and Toddlers Program (MITP).
- Continued recognition of distinguished youth with disabilities in Maryland high schools.
- Passed first legislation in the nation allowing qualified students with disabilities to retain family health insurance coverage if attending college less then full time as an accommodation.
- Held the 7th Annual Youth Leadership forum.

OUTCOME 1:

Maryland students with disabilities will exit school with self advocacy, life, and leadership skills.

Key Strategy 1.1

The State will offer leadership training opportunities for students with disabilities.

Action Steps:

1.1.1 By December 2006, plan, recruit, and staff the 8th annual Youth Leadership Forum.
Responsible Unit(s): Independence Now, MDOD, DORS, MSDE, MDOT, DHMH (DDC), and SILC

1.1.2 By August 2007, sponsor the annual Governor's Distinguished Youth with a Disability Awards.
Responsible Unit(s): MDOD

OUTCOME 2

Students with disabilities will be able to access a full array of job training opportunities through community colleges and other integrated community settings.

Key Strategy 2.1

Improve the availability and quality of transition services for IEP and 504 Plan students exiting into adult services.

Action Steps:

2.1.1 By December 2006, a resource map, recommendations, key strategies and proposed action steps (using the MDOD state plan format) will be submitted to MDOD.
Responsible Unit(s): Lead - Interagency Transition Council; Participants: MSDE, DORS, DHMH (DDA and MHA) DLLR, and MDOD

2.1.2 By March 2007, revise and update the Interagency Transition Council Executive Order to meet current needs of the State as it relates to transition services and systems change in Maryland.
Responsible Unit(s): MDOD

2.1.3 By July 2007, develop a process to collect baseline data regarding transitioning youth with mental illness who may require employment services that exceed what would otherwise be available.
Responsible Unit(s): MHA and DORS

Key Strategy 2.2

Enhance transition and outcomes for students with disabilities in postsecondary settings.

Action Steps:

2.2.1 By October 2006, enroll 175 students in the Governor's Community College Initiative for Students with Learning Disabilities.
Responsible Unit(s): MHEC, and Community Colleges

2.2.2 By February 2007, prepare Fact Sheet for Parents and Students on postsecondary education documentation requirements.
Responsible Unit(s): MHEC and MDOD

OUTCOME 3:

Maryland students in preschool through grade12 will have greater opportunities for inclusive educational experiences in the classroom and in extra-curricular activities.

Key Strategy 3.1

Increase the number of school age students with disabilities, ages 6-21, in general education settings.

Action Steps:

3.1.1 By June 2007, include Least Restrictive Environment (LRE) data for student's ages 6 -21 in local school system report cards.
Responsible Unit(s): MSDE

3.1.2 By July 2007, increase the diploma graduation rate for Maryland's students in special education.
Responsible Unit(s): MSDE

3.1.3: By July 2007, review national trends about integrated teaching curricula in the university setting to foster greater numbers of regular education teachers trained to teach children in an inclusive instead of a restrictive environment.
Responsible Unit(s): MDOD, MSDE, and MHEC

Key Strategy 3.2

Provide local jurisdictions with suggested policy and guidelines to assist in ensuring that students with disabilities who want to compete in high school athletics will be able to do so alongside their non-disabled peers.

Action Steps

3.2.1 By July 2007, adopt policy recommendations that will promote compliance with the ADA in local education agencies (LEAs).
Responsible Unit(s): MSDE, MSAA, and MDOD

3.2.2 By June 2007, establish a process to collect baseline data identifying the number of students with disabilities in high school that compete alongside their non-disabled peers.
Responsible Unit(s): MSDE, MPSAA, and MDOD

FAMILY AND SUPPORT SERVICES

VISION:

Maryland is a state where caregivers, children with disabilities and their families will have equal access to an integrated support system that is self-directed, responsive, flexible and available.

GOAL:

To improve the capacity of communities to support caregivers, children with disabilities and their families with individualized community-based services, such as inclusive child care, that are driven by family defined needs.

ACCOMPLISHMENTS:

- Created an Ombudsman Protocol and a mechanism to establish mediation between parents and providers of day care to address disagreements and concerns regarding inclusion of children with disabilities in typical settings with their non-disabled peers.
- Developed training curricula for families of children with disabilities to foster the growth of family support organizations throughout Maryland and on wraparound plans for use by staff within Children's Cabinet agencies and Local Management Boards.
- Expanded an early childhood mental health consultation model to address developmental, behavioral and mental health needs at the earliest stages.
- Improved mental health assessments for children in Department of Juvenile Services care.
- Created single points of access to services for families in every jurisdiction.
- Piloted a Family Navigator Network for children who require services from multiple State agencies.
- Expanded comprehensive programs providing a community-based service network for high-risk children.
- Created flexible funds for Local Coordinating Councils to purchase services for children with intensive needs not in the care or custody of State agencies.

OUTCOME 1:

Children with disabilities and their families identify an improvement in daily functioning and increased satisfaction with services.

Key Strategy 1.1

Develop a comprehensive training infrastructure around inclusive childcare and after-school care.

Action Steps:

1.1.1 Incorporate training recommendations from the 2004 Taskforce on Inclusive Child and After-School Care in the existing credentialing program.
Responsible Unit(s): Lead - MSDE (DECD- Office of Child Care); Participants: Members of DECD Inclusive Child Care Workgroup

1.1.2 Implement a statewide tiered approach to training child care providers on supporting children with disabilities in child care settings.
Responsible Unit(s): Lead - MSDE (DECD- Office of Child Care); Participants: Members of DECD Inclusive Child Care Workgroup

1.1.3 Develop an action plan and implementation schedule for phase two recommendations of the 2004 Taskforce on Inclusive Child and After-School Care.
Responsible Unit(s): Lead - MSDE (DECD- Office of Child Care); Participants: Members of DECD Inclusive Child Care Workgroup

Key Strategy 1.2

Develop a statewide infrastructure to improve the availability of inclusive child and after-school care, camps and summer programs.

Action Steps:

1.2.1 Develop training supporting the ADA and Section 504 in child and after-school care settings.
Responsible Unit(s): Lead - MSDE (DECD- Office of Child Care); Participants: Members of DECD Inclusive Child Care Workgroup

1.2.2 Develop and implement a statewide mediation program available to parents and providers of inclusive childcare, after-school care, camps, and summer programs.
Responsible Unit(s): Lead - MSDE (DECD- Office of Child Care); Participants: Members of DECD Inclusive Child Care Workgroup

OUTCOME 2:

Children with disabilities will have a reduced number of out-of-home placements and average length of stay in out-of-home care.

Key Strategy 2.1

Ensure that children with disabilities receive services and supports more effectively and through an integrated family-centered approach.

2.1.1 By June 2007, develop and implement a statewide infrastructure instituting the *Medical Home* model for children with special health care needs.
Responsible Unit(s): Office of Genetics and Children with Special Health Care Needs, and GOC

2.1.2 By September 2007, establish technical assistance for local jurisdictions to develop local prevention strategies.
Responsible Unit(s): GOC

Key Strategy 2.2

Develop a unified application for support services tied to a streamlined eligibility process to be utilized by member agencies of the Children's Cabinet serving children with disabilities.

Action Steps:

2.2.1 By June 2007, undertake an analysis of the Maryland Results and Indicators and incorporate measurements specific to the health and well-being of children with disabilities and their families.
Responsible Unit(s): GOC

2.2.2 By June 2007, assess the performance measures for the Local Access Plans prepared by the 24 Local Management Boards.
Responsible Unit(s): GOC

2.2.3 Develop an action plan and implementation schedule to integrate healthcare system of care within the broader system of care reform for all children.
Responsible Unit(s): Office of Genetics and Children with Special Health Care Needs

OUTCOME 3:

Caregivers of individuals with disabilities receive adequate community supports that enable them to continue care of the person with disabilities within the community.

Key Strategy 4.1

Develop statewide respite services for children and families that are consumer directed, family friendly and flexible for both the individual and the provider.

Action Steps:

3.1.1 Conduct a resource mapping of respite care services to determine total state allocation across programs.
Responsible Unit(s): MDOD

3.1.2 Assess need for respite care across all populations to determine extent to which services are provided and where gaps in services exist.
Responsible Unit(s): MDOD, DHR, Office of Genetics and Children with Special Health Care Needs and the Governor's Office for Children, and MHA

EMERGENCY PREPAREDNESS

VISION:

People with disabilities will be prepared for any natural or man-made disaster or emergency, and emergency personnel, employers, and others will be prepared to deal with all major issues related to individuals with disabilities during any disaster or emergency.

GOAL:

To develop and implement a statewide plan that prepares people with disabilities for any natural or man-made emergency or general disasters or emergency, and prepares emergency personnel, provider agencies and employers to provide equally excellent emergency services to Maryland residents with and without disabilities.

ACCOMPLISHMENTS:

- Conducted numerous regional conferences on emergency preparedness with and for individuals with disabilities.
- Facilitated jurisdictional planning groups throughout the State which include people with disabilities, local emergency responders, provider and advocacy organizations, and local government agencies.
- Facilitated training with agencies supporting people with disabilities to develop plans and implement strategies for evacuation and sheltering in place.
- Conducted outreach efforts with non-English speaking groups to assist them in preparing for emergencies.
- Developed an emergency plan for State employees in a Baltimore location in collaboration with the local jurisdiction emergency planners.

OUTCOME 1:

People with disabilities will be prepared to survive an emergency or general disaster, and to meet all basic needs while sheltering in place for a minimum of 72 hours.

Key Strategy 1.1

Develop and implement up to six additional jurisdictional planning groups (JPGs) to ensure inclusive planning for emergencies for people with disabilities and other special needs.

Action Step:

1.1.1 By June 2007, obtain adequate funding for personnel, materials, and public relations activities to support the implementation of some of the JPGs.
Responsible Unit(s): Lead - MDOD; Participants: MEMA, GOSV, DHMH

1.1.2 By March 2007, design and implement public information campaign in the Baltimore UASI region.
Responsible Unit(s): Lead - MDOD; Participants: MEMA, Department of Homeland Security

1.1.3 By March 2007, create and implement at least one tabletop planning exercise including individuals with disabilities and other special needs, governmental agencies and the private sector in each region.
Responsible Unit(s): Lead - MDOD; Participants: MEMA

1.1.4 By December 2006, host a statewide conference to provide a greater depth of information and more individualized planning to specific groups or populations than the previous conferences.
Responsible Unit(s): Lead - MDOD; Participants: MEMA, GOSV, Department of Homeland Security, and DHMH (DDA)

OUTCOME 2:

People with disabilities will be able to shelter in place during a disaster or emergency, or be able to evacuate when necessary by appropriate transportation means to designated shelters.

Key Strategy 2.1

Develop and implement training and exercises to support the development of appropriate emergency plans for the providers and individuals in conjuntion with DDA, state residential centers, community service providers and individuals supported by DDA.

Action Steps:

2.1.1 By July 2007, develop and conduct a one day statewide training for leaders and managers of DDA organizations and facilities and resource coordinators focusing on the necessary and appropriate elements of an Emergency Plan for consumers in their services.
Responsible Unit(s): Lead - MDOD; Participants: DDA

2.1.2 By April 2007, design and implement nine area workshops with teams from DDA providers, resource coordinators and individuals receiving services to assist in developing or revising organization or individual emergency plans.
Responsible Unit(s): Lead - MDOD; Participants: DDA

2.1.3 By May 2007, develop and present a tabletop exercise for each region.
Responsible Unit(s): Lead - MDOD; Participants: DDA

2.1.4 By June 2007, develop and implement one functional exercise to include an SRC and up to 50 participants from this project.
Responsible Unit(s): Lead - MDOD; Participants: DDA

OUTCOME 3:

Employees with disabilities will be provided resources and training to enable them to appropriately and safely shelter in place or evacuate to a safe location.

Key Strategy 3.1

Develop appropriate sheltering in place and evacuation plans and training programs for employees and visitors who work in or visit buildings occupied by three state agencies known as the Preston Street Complex.

Action Step:

3.1.1 By November 2006, meet with appropriate members of management from DHR and DHMH to agree on outcomes of this strategy, including timetables, deliverables and personnel.
Responsible Unit(s): Lead – DGS; Participants: DHMH, MDOA, and DBM

3.1.2 By March 2007, with staff from DGS and DHMH, develop individual plans for each agency and their respective buildings.
Responsible Unit(s): Lead – DGS; Participants: DHMH, MDOA, and DBM

3.1.3 By May 2007, have plans reviewed by Baltimore City Emergency Management.
Responsible Unit(s): Lead – DGS; Participants: DHMH, MDOA, and DBM

3.1.4 By June 2007, with staff from DHR, DHMH and Redwood Tower tenants, develop a training system for employees of these agencies and buildings.
Responsible Unit(s): Lead – DGS; Participants: DHMH, MDOA, and DBM

OUTCOME 4:

People with disabilities will know where shelters are located, which are accessible, and what equipment and supplies are available at each.

Key Strategy 4.1

Develop uniform standards of accessibility and inventory management (equipment and supplies) for shelters related to serving people with disabilities and other special needs.

Action Step:

4.1.1 By November 2006, convene a working committee to oversee pilot project. Members will include, but not be limited to, representatives from DHR, DHMH, MDOA, MDOD, MEMA, County Emergency Management, Local Emergency Management (if applicable), County Departments of Health, including Mental Health, Social Services, Aging and the American Red Cross(ARC).
Responsible Unit(s): Lead – DHR; Participants: MDOD, DHMH, MDOA, and MEMA

4.1.2 By December 2006, review national data and develop minimum standards of accessibility and necessary inventory for public and private shelters.
Responsible Unit(s): Lead – DHR; Participants: MDOD, DHMH, MDOA, and MEMA

4.1.3 By February 2007, survey shelter administrators in the pilot project area to determine the accessibility, inventory supply, and location of all public shelters in the local jurisdiction based on above standards, including supplies typically provided by the ARC.
Responsible Unit(s): Lead – DHR; Participants: MDOD, DHMH, MDOA, MEMA, local Emergency Management, The ARC, and MEMA Regional Administrators

4.1.5 By May 2007, analyze data and document gaps in shelter accessibility and inventory.
Responsible Unit(s): Lead – DHR; Participants: MDOD, DHMH, MDOA, and MEMA

4.1.6 By July 2007, provide a tiered analysis comparing the minimum compliance standards for shelters with regard to accessibility and inventory and actual attainment of standards by shelter.
Responsible Unit(s): Lead: DHR; Participants: MDOD, DHMH, MDOA, and MEMA

4.1.7 By July 2007, examine the feasibility of expanding the inventory statewide, Integrate pilot area shelter data into the WEB EOC.
Responsible Unit(s): Lead: DHR; Participants: MDOD, DHMH, MDOA, MEMA; VOAD and local agencies/organizations

OUTCOME 5:

All people with disabilities will be able to receive timely and accessible voice and text notification in the event of an emergency.

Key Strategy 5.1

Assess emergency notification systems used in each jurisdiction to determine communication accommodation gaps necessary to notify people with disabilities of emergencies in a timely and accessible manner.

Action Step:

5.1.1 By November 2006, survey each jurisdiction to determine method(s) of emergency notification (present and immediate (one year future).
Responsible Unit(s): MDOD

5.1.2 By July 2007, report out data on current and immediate future.
Responsible Unit(s): MDOD

Appendix 1

IMPLEMENTATION AND PERFORMANCE EVALUATION

Performance measurement begins with visions, goals, outcomes and strategies for each of the nine service domains, as presented in Section Three. As outlined below, these elements will serve as the basis for developing unit plans in alignment with the State Disabilities Plan; evaluating unit performance against unit plans; and preparing the Annual State Progress Analysis.

Legislative Authority (§ 9-1115) The Interagency Disabilities Board is charged with:

- Facilitating the development of performance objectives that will result in a comprehensive, effective, efficient and integrated service delivery system for individuals with disabilities; and
- Developing the State Disabilities Plan.

2007 Planning Timeframe	
State Disabilities Plan	November 15, 2006
Unit Plan Progress Assessment	April 1, 2007
Unit Evaluations	July 1, 2007
Annual Progress Analysis	October 1, 2007

Appendix 2

DEVELOPMENT OF UNIT PLANS

Legislative Authority (§ 9-1108)

- By July 1 of each year, each unit of state government shall develop a unit plan to implement the state disabilities plan as approved or amended by the Secretary under § 9-1117 of this subtitle.
- The unit plan shall contain an implementation schedule and measurable strategic performance objectives.
- The Secretary may request amendments to a unit plan if determined that the unit plan is not in accordance with the State Disabilities Plan.
- The Secretary may provide technical assistance to any unit of state government to meet the requirements of this section.
- The Secretary may waive the requirements of this section for any unit of state government.

Measurable Strategic Performance Objectives

Collaborating with units of state government, MDOD will identify or develop indicators to measure results for the State Disabilities Plan's outcomes. To establish appropriate performance measures, MDOD and the Department of Budget and Management have jointly conducted a series of collaborative meetings with other units of government to discuss gathering data for performance measures with regard to employment and training services; community support services; and transportation services. Additional outcomes for other service domains will be developed once these initial measurements and processes are in place.

Participating units, by service domain include:

- Community Integration – Medicaid, DDA, MHA;
- Transportation – MDOT/MTA; and
- Employment and Training – MSDE/DORS, DLLR, DDA, and MHA.

Collaborating with units of state government, MDOD will establish timeframes for:

- Collecting available baseline data for identified measures;
- Ongoing collection of data; and
- Establishing objectives for subsequent years.

Appendix 3

UNIT EVALUATIONS

Legislative Authority (§ 9-1108):

By July 1 of each year, each unit of state government shall provide the Department with an evaluation of the unit's performance in accordance with the unit's plan.

The required unit evaluation shall: (1) assess the unit's performance against the strategic performance objectives established under the unit plan, and (2) identify and measure consumer satisfaction; gaps in services; numbers of individuals waiting for services; and progress made on achieving performance objectives.

Implementation Evaluation

MDOD will work with units of state government to assess progress in implementing priority strategies in the State Disabilities Plan. Status reports will assess the status of each major action step – completed, in progress or not started. Status reports also will include related factors such as: issues, barriers or problems encountered in implementing strategies; recommendations to overcome issues, barriers, or problems; and resources required, etc.

Outcome Evaluation

- Units of state government will report baseline data available for selected performance measures pertaining to outcomes in the State Disabilities Plan.
- Measurable Strategic Performance Objectives for subsequent years will be set and presented MDOD's annual Managing for Results (MFR) submissions.
- Performance against these objectives will be measured by ongoing data collected and included in annual MFR submissions.

Appendix 4

ANNUAL STATE PROGRESS ANALYSIS

Legislative Authority (§ 9-1117)

The Secretary shall submit an annual analysis of the State's progress in implementing the State Disabilities Plan and related performance objectives to the Governor and, in accordance with § 2-1246 of this article, to the Maryland General Assembly on or before October 1 of each year.

State Implementation Evaluation

- MDOD will update and collate information from the July strategic progress assessments.
- MDOD will use this information to prepare a comprehensive analysis of progress in implementing the State Disabilities Plan.
- MDOD will report intervention taken to address issues identified in the July progress assessments and will modify the State Plan to reflect planned future interventions.

Outcome Evaluation

- MDOD will report available baseline performance data, measurable strategic performance objectives for State Plan outcomes, and performance against objectives in MDOD's annual MFR submission.
- The MDOD MFR submission for FY 2006 listed selected performance measures for Employment and Training Services; Community Support Services; and Transportation Services.

Appendix 5

MANAGING FOR RESULTS

DEPARTMENT OF DISABILITIES

 December 15, 2006

D12A02.01 GENERAL ADMINISTRATION

PROGRAM DESCRIPTION

The Department of Disabilities was established by Chapter 425 of the Acts of 2004 (SB188), effective July 1, 2004. The Department is the principal State agency responsible for developing, maintaining, revising and enforcing Statewide disability policies and standards throughout the units of State government. The Department works to increase the capacity of Maryland communities to provide services in inclusive settings; create a citizen-centered delivery system in which consumers can exercise meaningful choice and maintain control of their lives; infuse the service delivery system with elevated expectations about the capacities of people with disabilities; incorporate accessible and universal design into Maryland's communities and technologies; and construct a seamless, responsive and coordinated service delivery system. To this end, the Department directs the development and implementation of the Statewide Disability Plan designed to improve, consolidate, coordinate, modify and unify services for people with disabilities. In addition, the Department provides information on programs and services available to Marylanders with disabilities, provides expertise regarding law and State compliance issues, and facilitates citizens with disabilities in accessing resources, information and technology. The Department also administers the Constituent Services Program, the Access Maryland Program, the Technology Assistance Program, and the Attendant Care Program.

MISSION

The mission of the Department is to empower individuals with disabilities to achieve their personal and professional goals in the community where they live.

VISION

The Department envisions Maryland as a state where people with disabilities are provided with the right supports, training and opportunities so that they may live independent, productive and full lives in the communities where they live, work, play, learn and prosper.

GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

Goal 1. Persons with disabilities improve their quality of life by acquiring assistive technology to work, operate businesses, excel in school, live in safe and accessible homes, enjoy independent transportation and gain greater access to their communities.

Objective 1.1 Expand the number of eligible individuals able to purchase assistive technology through loans received from the Assistive Technology Guaranteed Loan Program.

Performance Measures	2005 Actual	2006 Actual	2007 Estimated	2008 Estimated
Input: Amount of loan program funding	$2,104,974	$4,758,029	$4,758,024	$4,758,024
Number of applications processed	198	202	210	215
Output: Number of loans approved	102	127	125	130
Outcome: Number of loans closed to purchase technology	93	66	113	118

Goal 2. Persons with disabilities have access to community based, self-directed long-term services that enable them to live in the community.

Objective 2.1 Increase the proportion of individuals with disabilities receiving state services in community alternatives instead of nursing facilities and other state facilities

D12A02.01 GENERAL ADMINISTRATION (Continued)

Medical Care Programs Administration, Department of Health and Mental Hygiene

Performance Measures	2005 Actual	2006 Actual	2007 Estimated	2008 Estimated
Output: Number of older adults and persons with disabilities receiving state-funded services in community alternatives (Waiver for Older Adults, Living at Home Waiver, medical day care, or personal care) as measured in first month of fiscal year	9,268	9,657	9,700	10,000
Number of older adults and persons with disabilities receiving state-funded services in nursing facilities as measured in first month of fiscal year	16,671	16,423	16,400	16,400
Total unduplicated number of older persons and individuals with disabilities receiving state-funded services in nursing facilities or community alternatives	25,631	25,751	25,760	26,050
Outcome: Percentage of older adults and individuals with disabilities receiving state-funded services in community alternatives versus nursing facilities	36.2%	37.5%	37.7%	38.4%

Mental Hygiene Administration, Department of Health and Mental Hygiene

Performance Measures	2005 Actual	2006 Actual	2007 Estimated	2008 Estimated
Output: Number of adults (18 and over) with a mental health diagnosis, receiving state-funded services in community alternatives (either Psych Rehabilitation (PRP), Case Management, or Mobile Treatment Services)	12,697*	13,218	13,077	12,937
Number of adults (18 and over) with a mental health diagnosis, treated in a State mental health inpatient facility	3,192	3,577	3,755	3,942
Total number of adults (18 and over) with a mental health diagnosis, receiving state-funded services in State mental health facilities or community alternatives	15,889	16,795	16,832	16,879
Outcome: Percentage of adults with a mental health diagnosis receiving state-funded services in community alternatives versus State mental health inpatient facilities	79.9%	78.7%	77.7%	76.6%

Note: *This number was updated to reflect recent and more accurate data from the Mental Hygiene Administration and its Administrative Services Organization.

Developmental Disabilities Administration, Department of Health and Mental Hygiene

Performance Measures	2005 Actual	2006 Actual	2007 Estimated	2008 Estimated
Output: Number of persons with developmental disabilities receiving state-funded services in community alternatives	21,625	21,695	23,037	23,743
Average daily population of persons with developmental disabilities receiving State services in State Residential Centers (SRCs)	380	358	361	354
Total number of persons with developmental disabilities receiving state-funded services in SRCs or in community alternatives	22,005	22,053	23,398	24,097
Outcome: Percentage of adults with developmental disabilities receiving state-funded services in community alternatives versus SRCs	98.3%	98.4%	98.5%	98.5%

D12A02.01 GENERAL ADMINISTRATION (Continued)

Goal 3. Persons with disabilities have access to reliable transportation options.

Objective 3.1 Increase the level of service and performance provided to paratransit customers.

Maryland Transit Administration, Maryland Department of Transportation

Performance Measures	2005 Actual	2006 Actual	2007 Estimated	2008 Estimated
Output: Number of people with disabilities certified for paratransit	11,405	13,448	14,000	15,550
Number of paratransit rides provided	720,000	965,000	1,137,000	1,334,000
Quality: Percent of paratransit service provided on time	90%	91%	91%	92%
Outcome: Customer satisfaction rating from customer survey (from 0 to 5.0)	*	3.93	4.5	4.5

Note: * Satisfaction rating was 3.37 in a survey conducted in fiscal year 2003. There was no survey in fiscal years 2004 or 2005.

Washington Metropolitan Area Transit Authority (WMATA), Maryland Department of Transportation

Performance Measures	2005 Actual	2006* Actual	2007 Estimated	2008 Estimated
Output: Number of people with disabilities certified for paratransit	8,631	9,186	8,640	**
Number of paratransit rides requested	1,159,184	1,143,042	1,436,120	**
Number of paratransit rides provided	792,638	828,930	1,005,284	**
Quality: Percent of paratransit service provided	68.4%	72.5%	70%	75%
Percent of paratransit service provided on time	92.1%	89.8%	93.5%	93.5%
Outcome: Satisfaction rating from customer survey (measured as total number of complaints received per 1,000 trips completed)	3.9	8.9	3.0	3.0

Note: *Fiscal year 2006 Actual data are not final.
**The 2008 estimates are not available until after WMATA Board of Directors approval of fiscal year 2008 budget.

Objective 3.2 Increase use of fixed route transportation by people with disabilities.

Maryland Transit Administration, Maryland Department of Transportation

Performance Measures	2005 Actual	2006 Actual	2007 Estimated	2008 Estimated
Output: Number of people with disabilities certified for fixed route	22,665	23,777	24,000	25,000
Percent of accessible buses in fixed route	97%	98%	100%	100%
Number of people with disabilities receiving travel training	10	5	20	25
Outcome: Total number of monthly disabled passes purchased	173,530*	181,000	190,000	200,000

*Represents undercounting.

Washington Metropolitan Area Transit Authority (WMATA), Maryland Department of Transportation

Performance Measures	2005 Actual	2006* Actual	2007 Estimated	2008 Estimated
Output: Number of people with disabilities certified for fixed route	3,798	3,786	**	**
Percent of accessible buses in fixed route	95%	93%	100%	100%
Number of people with disabilities receiving travel training:				
In individual Metro system travel training orientations	43	98	**	**
In systems orientations for entire groups	330	353	**	**
Outcome: Total number of monthly disabled passes purchased	97,430	110,534	**	**
Customer satisfaction rating from customer survey	83%	84%	**	**

Note: *Fiscal year 2006 Actual data are not final.
**The WMATA offices responsible for these services do not forecast/estimate this information.

D12A02.01 GENERAL ADMINISTRATION (Continued)

Goal 4. Persons with disabilities have access to integrated training and employment options in the community.
Objective 4.1 Increase the number of people with disabilities receiving employment training or services.

Division of Rehabilitation Services, Maryland State Department of Education

Performance Measures	2005 Actual	2006 Actual	2007 Estimated	2008 Estimated
Input: Number of people with disabilities with an individualized employment plan (IEP)	15,220	16,156	15,000	15,000
Output: Number of people with disabilities receiving training	5,046	5,754	5,150	5,200

Division of Workforce Development, Department of Labor, Licensing, and Regulation

Performance Measures	2005 Actual	2006 Actual	2007 Estimated	2008 Estimated
Input: Number of people with disabilities in Maryland Workforce Exchange (MWE)*	6,264	8,030	8,200	8,250
Output: Number of people with disabilities receiving training in MWE**	224	145	140	120

Note: * Includes Workforce Investment Act (WIA) customers and Labor Exchange (LE) customers.
** Includes only WIA customers; LE does not collect data on number of participants in training.

Mental Hygiene Administration, Department of Health and Mental Hygiene

Performance Measures	2005 Actual	2006 Actual	2007 Estimated	2008 Estimated
Input: Number of adults (18 and over) with a mental health diagnosis, receiving state-funded services in community alternatives (either Psych Rehabilitation (PRP), Case Management, or Mobile Treatment Services)	12,697*	13,218	13,077	12,937
Output: Number of people with disabilities receiving supportive employment services	1,540	1,452	1,405	1,360

Note: *This number was updated to reflect recent and more accurate data from the Mental Hygiene Administration and its Administrative Services Organization.

Developmental Disabilities Administration, Department of Health and Mental Hygiene

Performance Measures	2005 Actual	2006 Actual	2007 Estimated	2008 Estimated
Input: Number of persons with developmental disabilities receiving state-funded services in State Residential Facilities or in community alternatives	22,005	22,053	23,395	24,097
Output: Number of people with disabilities receiving:				
Day services	5,619	5,903	6,041	6,041
Supportive employment services	3,722	3,719	4,061	4,061

D12A02.01 GENERAL ADMINISTRATION (Continued)

Objective 4.2 Increase the number of people with disabilities achieving integrated employment outcomes.

Division of Rehabilitation Services, Maryland State Department of Education

Performance Measures	2005 Actual	2006 Actual	2007 Estimated	2008 Estimated
Outcome: Total number of people with disabilities obtaining employment	3,005	3,082	3,200	3,300
Non-Competitive employment	124	123	130	140
Competitive employment	2,881	2,959	3,070	3,160

Division of Workforce Development, Department of Labor, Licensing, and Regulation

Performance Measures	2005 Actual	2006 Actual	2007 Estimated	2008 Estimated
Outcome: Total number of people with disabilities in Maryland Workforce Exchange (MWE) obtaining integrated employment*	1,924	2,041	2,100	2,150

Note: *Includes Workforce Investment Act (WIA) customers and Labor Exchange (LE) customers.

Goal 5. Persons with disabilities will have access to affordable, accessible housing in communities of their choosing.

Objective 5.1 Increase the utilization of the Bridge Subsidy Demonstration Program by individuals with disabilities transitioning or diverted from institutional to community-based services.

Community Development Administration, Department of Housing and Community Development

Performance Measures	2005 Actual	2006 Actual	2007 Estimated	2008 Estimated
Outcome: Number of Bridge Subsidy Demonstration Program participants	*	3	34	75

Note: *The inter-departmental Memorandums of Understanding to implement this program became effective July 1, 2006.

Goal 6. Maryland's State facilities and technology are accessible and universally designed, promoting independence and participation of people with disabilities.

Objective 6.1 Continually increase the number of State facilities that have increased physical access for persons with disabilities as a result of projects funded though the Access Maryland Program.

Performance Measures	2005 Actual	2006 Actual	2007 Estimated	2008 Estimated
Output: Number of projects in design stage (initiation stage)	8	3	5	5
Number of projects in construction stage	11	5	10	7
Number of projects completed	24	13	20	15
Outcome: Number of State facilities with increased access as a result of projects completed during year (some projects are multi-year)	32	10	20	15

Appendix 6

MARYLAND COMMISSION ON DISABILITIES

David C. Ward - Chair
Term Expiration Date: June 30, 2009

Sarah Basehart
The Arc of Maryland
Term Expiration Date: June 30, 2009

JoAnne Benson
Delegate, Maryland House of Delegates
Term Expiration Date: None

Gwendolyn Britt
Senator, Maryland Senate
Term Expiration Date: None

Kenneth S. Capone
Cross Disability Rights Coalition (CDRC)
Term Expiration Date: June 30, 2008

Holly Carter
Term Expiration Date: June 30, 2009

Heidi Engstrum
Term Expiration Date: June 30, 2009

Jamey E. George
The Freedom Center
Term Expiration Date: June 30, 2009

Lawrence Hawkins
Term Expiration Date: June 30, 2009

Susan W. Holland
Special Olympics of Maryland
Term Expiration Date: June 30, 2007

Robin A. Krout
Term Expiration Date: June 30, 2009

Van Mitchell
Deputy Secretary, MD Department of Health and Mental Hygiene
Term Expiration Date: None

Marc Nicole
Department of Budget and Management
Term Expiration Date: None

Linda Raines
Mental Health Association of Maryland (MHAMD)
Term Expiration Date: June 30, 2009

Melissa Riccobono
Term Expiration Date: June 30, 2007

Juliette Rizzo
Term Expiration Date: June 30, 2009

Mary Alisa Rock
Term Expiration Date: June 30, 2007

Robert J. Sweeney
Term Expiration Date: June 30, 2007

Elizabeth Weglein
Elizabeth Cooney Personnel Agency
Term Expiration Date: June 30, 2007

Kenneth R. Wireman
On Our Own of Maryland
Term Expiration Date: June 30, 2008

Appendix 6

GLOSSARY OF ACRONYMS

ADA – Americans with Disabilities Act

ADAA – Alcohol and Drug Abuse Administration within the Maryland State Department of Health and Mental Hygiene

ADRC – Aging and Disability Resource Center

CACAT – Citizens Advisory Counsel for Accessible Transportation

CBS – Community Based Services

CEO – Chief Executive Officer

CMS – Federal Center for Medicare and Medicaid Services

COMAR – Code of Maryland Regulations

DBM – Maryland State Department of Budget and Management

DDA – Developmental Disabilities Administration within the Maryland State Department of Health and Mental Hygiene

DECD – Division of Early Childhood Development within the State Department of Education

DGS – Maryland State Department of General Services

DHCD – Maryland State Department of Housing and Community Development

DHMH – Maryland State Department of Health and Mental Hygiene

DHR – Maryland State Department of Human Resources

DLLR – Maryland State Department of Labor, Licensing, and Regulation

DORS – Division of Rehabilitation Services within the Maryland State Department of Education

DPN – Disability Program Navigator

EID – Employed Individuals with Disabilities Program (also referred to as the Medicaid Buy-In)

FHA – Family Health Administration within the Maryland State Department of Health and Mental Hygiene

FY – Fiscal Year

GOC – Governor's Office for Children

GOSV – Governor's Office on Services and Volunteerism

GWIB – Governor's Workforce Investment Board

ICF/MR – Intermediate Care Facility for the Mentally Retarded

IEP – Individual Education Plan

IDA – Individual Development Accounts

IMD – Institutions of Mental Disease

IT – Information Technology

JHU – John Hopkins University

JPG – Jurisdictional Planning Groups

LE – Labor Exchange

LEA – Local Education Agencies

LRE – Least Restrictive Environment

LTC – Long Term Care

MARC – Maryland Rail Commuter (train rail passenger service system)

MEMA – Maryland Emergency Management Agency

MCOD – Maryland Commission on Disability

MDOA – Maryland State Department of Aging

MDOD – Maryland State Department of Disabilities

MDOT – Maryland State Department on Transportation

Medicaid – Administration within the Maryland State Department of Health and Mental Hygiene

MFR – Management for Results

MHA – Mental Hygiene Administration within the Maryland State Department of Health and Mental Hygiene

MHEC – Maryland Higher Education Commission

MH-TWG – Mental Health Transformation Working Group

MIG – Medicaid Infrastructure Grant

MITP – Maryland Infant and Toddlers Program

MOU – Memorandum of Understanding

MPSSA – Maryland Public School Athletic Association

MSDE – Maryland State Department of Education

MTA – Maryland Transit Administration within the Maryland State Department of Transportation

MTAP – Maryland Technology Assistance Program

MVA – Motor Vehicle Administration within the Maryland State Department of Transportation

MWE – Maryland Work Employment

NF – Nursing Facility

NF-MFP – Nursing Facility transitions under the Money Follows the Person demonstration grant

NVA – Non Visual Access

PHA – Public Housing Authority

RFP – Request for Proposal

SES – Supported Employment Services

SILC – State Independent Living Council

SRC – State Residential Center

SSA – Federal Social Security Administration

UASI – Urban Area Security Initiative

UI – Unemployment Insurance

U.S. – United States

VOAD – National Volunteer Organization Active in Disasters

VR – Vocational Rehabilitation

WEB EOC – Web Emergency Operating Center

WMATA - Washington Metropolitan Area Transit Authority

WIA – Workforce Investment Act